CITY OF BIRMINGHAM EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

HAROLD M. COHEN, C.B.E., M.D., D.P.H.

FOR THE YEAR ENDED 31st DECEMBER, 1960

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Harold M. Cohen, C.B.E., M.D., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

Maurice E. Lemin, M.B., Ch.B.

ASSISTANT PRINCIPAL SCHOOL MEDICAL OFFICER

Philip R. Kemp, M.B., Ch.B.

SCHOOL MEDICAL OFFICERS

Dorothy M. Beaumont, M.B., Ch.B.
Else A. d'Amian, M.D. (Heidel), L.R.C.P., L.R.C.S.
Joyce B. Mole, M.B., Ch.B., D.C.H.
Beryl W. Marson, M.B., Ch.B., D.C.H.
William H. S. McGregor, M.R.C.S., L.R.C.P.
Joan I. Buchanan, M.B., Ch.B.
M. Elspeth Seaton, M.B., B.Ch., B.A.O.
Philip H. Seaton, M.B., B.Ch., B.A.O.
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Michael D. H. Myhill, M.A., B.M., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
John S. Lillicrap, M.B., B.S., M.R.C.S., L.R.C.P. (*Resigned* 31.5.60)
Mary S. Martin, M.B., Ch.B.
Christine Glynn, M.R.C.S., L.R.C.P.
Barbara S. Marshall, M.B., Ch.B. (*Resigned* 29.2.60)
Gertrude I. Villiers, M.B., B.Ch., B.A.O.
Patrick B. Carvill, L.R.C.P. & S.I.
Audrey M. Walker, M.B., Ch.B. (*Resigned* 30.9.60)
Dorothy M. Boisen, M.B., Ch.B.
Susan O'Connell, M.B., B.Ch., B.A.O., D.P.H., D.C.H.
Muriel R. Green, M.B., Ch.B. (*Appointed* 1.4.60)
Frances Campbell, M.B., Ch.B. (*Appointed* 18.4.60, *Resigned* 30.9.60)
Rodney C. F. Todman, M.B., Ch.B. (*Appointed* 1.9.60)
Janet B. Tyler, M.B., B.S., M.R.C.S., L.R.C.P. (*Appointed* 1.9.60)
David Williams, M.B., B.Ch., B.A.O., D.A. (*Appointed* 1.9.60)

PRINCIPAL SCHOOL DENTAL OFFICER

Donald Glen Thomson, T.D., L.D.S.R.C.S.

SCHOOL DENTAL OFFICERS

Clifford J. Baker, L.D.S. (*Retired* 12.8.60)
Harry A. Cohen, L.D.S.
Hugh Linn, L.D.S.R.C.S.
Cyril R. Foden, L.D.S.
Marjorie Cook, L.D.S.
William A. Barton, L.D.S.R.C.S.
David N. Mortimer, L.D.S.
Ernest A. K. Baird, L.D.S.R.F.P.S.
Neville A. Roberts, L.D.S., B.D.S.
Gertrude M. Leahy, L.R.C.P.S.I., L.A.H., L.D.S.
David A. Baker, L.D.S.
Alfred Tomanek, M.D. (Cracow)
Samuel D. Neale, L.D.S., B.D.S. (*Appointed* 22.2.60)
Judith M. Coldrick, B.D.S., L.D.S.R.C.S. (*Appointed* 18.7.60)
Allan W. Smith, L.D.S. (*Appointed* 14.11.60)

PART-TIME SCHOOL DENTAL OFFICERS

Who gave service during the year

Mary V. Waltham, L.D.S.
Marian Greenstone, L.D.S.
Edith Kettle, L.D.S.
William Ludford, L.D.S.
Brian E. Teall, L.D.S.
Philip A. Withers, L.D.S.
John C. McCarthy, L.D.S., B.D.S.
Freda M. E. Renwick, B.D.S.
Terence A. Podesta, B.D.S.
Patricia E. Thomas, L.D.S.R.C.S.
Kenneth J. Griffiths, L.D.S.R.C.S.
Rasma J. Breiks, D.D.D.
Thomas M. Byrne, B.D.S. (*Resigned*)
John M. Davis, B.D.S.
John P. Wills, B.D.S.
Philip G. Herrod, L.D.S.R.C.S.
Thomas B. Hamilton, L.D.S.R.F.P.S.
William T. McCulloch, B.D.S.
Anthony Scarborough, L.D.S. (*Appointed* 1.2.60, *Resigned* 31.5.60)
Anthony G. Day, B.D.S. (*Appointed* 8.2.60, *Resigned* 30.6.60)
Wyndham B. Jones, L.D.S.R.C.S. (*Appointed* 28.3.60, *Resigned* 19.8.60)
Anthony Rees, L.D.S., B.D.S. (*Appointed* 28.3.60, *Resigned* 30.6.60)
Margaret C. Roe, L.D.S.R.C.S. (*Appointed* 25.4.60)
Barry J. Emery, B.D.S. (*Appointed* 8.6.60, *Resigned* 30.9.60)
Frank T. Dodge, B.D.S. (*Appointed* 4.7.60, *Resigned* 1.8.60)
J. Clifford Baker, L.D.S. (*Appointed* 6.9.60)
Alfred N. Place, L.D.S. (*Appointed* 30.8.60)

CHILD GUIDANCE SERVICE

Senior Educational Psychologist:
W. J. Bannon, M.A., Ed.B.

Senior Consultant Psychiatrist:
†*Charles L. C. Burns, M.R.C.S., L.R.C.P., D.P.M.

Consultant Psychiatrists:
†*James A. Crawford, L.R.C.P. and S., L.R.F.P. and S., D.P.M.
†*Jeanne E. Stirratt, M.B., Ch.B., D.P.M. (*Resigned* September 1960)

Educational Psychologists:
Enid M. John, M.Sc.
Edna Howard, B.A.
Hector J. Sants, B.A. (*Resigned* 31.10.60)
Johanna E. Reiner, Ph.D. (Vienna)
Corrinne V. Brandom, B.A. (*Appointed* 1.1.60)

Psychiatric Social Workers:
Doreen Hosking
*Alice Haas, Ph.D. (Munich)
Gwendolin M. Jennison (*Resigned* 9.9.60)
Helen M. Bartlett, B.A.
Myrtle Roberts, B.Com. (*Resigned* 29.4.60)
*Dorothy D. J. Leighton, B.A.

Part-time Psychotherapist:
*Mrs. B. J. Oxford, M.A.

Remedial Teachers:
Miss N. Lowe, B.A.
Mr. R. S. Harding
Mr. K. A. Hack
Mr. E. J. Queen
Mrs. M. J. Newton
Mr. P. Wildblood
Mr. A. L. Hopkins
Mr. P. Mayhew
Mr. H. E. Yoxall
Mr. L. P. Kelly

PART-TIME SPECIALIST OFFICERS

Ophthalmic Section:
Herbert W. Archer-Hall, M.R.C.S., L.R.C.P., D.O.
Mark Tree, M.B., B.S., F.R.C.S., D.O.M.S.
(*Also Visiting Ophthalmic Surgeon to Schools for the Partially Sighted*)
John H. Austin, M.B., Ch.B., D.O., D.O.M.S.
Benjamin C. Curwood, O.B.E., M.B., Ch.B., M.R.C.S., L.R.C.P., D.O.M.S.
Lothar Marx, M.B., Ch.B.
Stuart W. K. Norris, B.Comm., M.R.C.S., L.R.C.P., D.O.
Nora Walkinshaw, M.B., B.S.
Vera M. Vodden, L.R.C.P., L.R.C.S., L.R.F.P.S., D.O.

Orthopaedic Section:

Francis G. Allan, M.B., B.S., F.R.C.S., L.R.C.P.
T. S. Donovan, M.B., Ch.B., F.R.C.S.
(*Visiting Orthopaedic Surgeon to the Schools for the Physically Handicapped*)

Ear, Nose and Throat Section:

Norman L. Crabtree, F.R.C.S., D.L.O.
(*Also Visiting Aural Surgeon to the Schools for the Deaf*)
Hazeley Anderson, M.R.C.S., L.R.C.P.

Asthma Section:

†*J. Morrison Smith, M.D., M.R.C.P.E., D.P.H., D.T.M.H., T.D.D.

Visiting Physician to Baskerville School:

William C. Smallwood, M.B., Ch.B., F.R.C.P., M.R.C.S.

Orthodontic Section:

A. J. Walpole Day, B.D.S., H.D.D., F.D.S. (Edin.), D.Orth.R.C.S.
Norman Norris, B.D.S.
Vera K. Stanley, L.D.S.
Edgar Breakspear, L.D.S.R.C.S., D.Orth.R.C.S.

Anaesthetists:

Dorothy Taylor Shewring, M.B., Ch.B.
Mary M. Tudor, M.B., Ch.B., B.A.O.
Olga Muller, M.D.
Donald A. L. Crawshaw, M.R.C.S., L.R.C.P.
John Bunting, T.D., M.B., F.R.C.S.I.
Edith M. Stockwin, M.B., Ch.B., D.P.H.
Enid Mackintosh, M.B., B.S.
Norman B. Crisp, M.B., Ch.B.
Emily L. Brown, M.B., Ch.B.
Frederick D. Griffiths, M.B., Ch.B., M.R.C.S., L.R.C.P.
Gweniver Knight, M.B., Ch.B.
Bridget A. Farrelly, L.R.C.P.S.I.
Reginald M. Howson, F.R.C.S., L.R.C.P. (*Appointed* 19.10.60)
Ephraim McFall, M.B., B.Ch., B.A.O. (*Appointed* 19.10.60)
Hazem Barrada, M.B., Ch.B., M.R.C.S., L.R.C.P. (*Appointed* 1.12.60)

Physiotherapists:

Maureen Walls, S.R.N., M.C.S.P.
Madeleine M. Williams, C.S.P., S.O.N.A.
Florence L. Stoddard, S.R.N., M.C.S.P.
Geraldine D. Gibbons, M.C.S.P.
Patricia M. Evans, M.C.S.P.
Beryl L. Massey, M.C.S.P.
Dorothy M. Hazelwood, M.C.S.P.
*Margaret Hunt, M.C.S.P.
*Pauline M. Collins, M.C.S.P.
Annette M. Else, M.C.S.P. (*Resigned* 31.7.60)
Margaret M. Laughton, M.C.S.P. (*Appointed* 17.10.60)

Chiropodists:

*Harold Wildbore, M.Ch.S.
*Sheila M. Jackson, M.Ch.S. (*Appointed* 5.1.60)

Remedial Gymnasts:

Marian J. Parsons
William Collins

Senior Speech Therapist:

Eileen S. Sprayson, L.C.S.T.

Speech Therapists:

Sheila M. Kalra, L.C.S.T. (*Resigned* 17.6.60)
Jennifer M. Beckett, L.C.S.T. (*Resigned* 31.12.60)
Jennifer A. Warner, L.C.S.T. (*Resigned* 12.8.60)
Barbara J. Lymn, L.C.S.T.
Shirley A. Baker, L.C.S.T. (*Resigned* 31.7.60)

*Barbara A. Hull, L.C.S.T.
Jennifer M. Richmond, L.C.S.T.
Brigid E. Seddon, L.C.S.T.
Renee E. Hughes, L.C.S.T.
Jennifer E. C. Whitehead, L.C.S.T. (*Resigned* 16.12.60)
*Ann P. Scott, L.C.S.T.
*Sheila Masters, L.C.S.T. (*Appointed* 25.1.60, *Resigned* 22.12.60)
Maureen Croshaw, L.C.S.T. (*Appointed* 1.9.60)
Joan M. Barfield, L.C.S.T. (*Appointed* 19.9.60)
Janet Lewis, L.C.S.T. (*Appointed* 26.9.60)
*Sylvia M. White, L.C.S.T. (*Appointed* 8.11.60)

Senior Dental Technician:
Percy Aldred, A.I.B.S.T.

Dental Technician:
Patrick R. Pool

SCHOOL NURSING STAFF

Superintendent School Nurse:
Dorothy A. Ashby, S.R.N., H.V.Cert. (*Retired* 31.12.60)

Deputy Superintendent School Nurse:
A. Winifred Ashworth, S.R.N., S.C.M., H.V.Cert.

School Nurses	66
Nurses in Nursery Schools	5
Nursing Assistants	16

OTHER STAFF

Matron at Martineau House	1
Matron at Wake Green Hostel	1
Nurses in Special Schools:	
Residential	5
Day	6
State Enrolled Assistant Nurses in Special Schools:	
Residential	1
Dental Attendants	34

* Part-time Officers.
† Appointed by Regional Hospital Board.

School Health Service,
154 Great Charles Street,
Birmingham, 3.
Telephone: CEN 7000.

December 1960.

SUMMARY OF WORK — 1960

	Children	*Attend-ance*
SCHOOL MEDICAL OFFICERS AT SCHOOLS:		
Visits to Schools — 4,263		
Routine Inspections —		
Primary and Secondary Modern Schools ..	48,774	
Secondary Grammar Schools	4,003	
Special Schools	887	
Nursery Schools and Classes	2,397	
Selected Cases —		
Special Inspections	3,154	
Re-inspections	9,832	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS:		
Special Inspections	22,920	
Re-inspections	15,130	
OPHTHALMIC CLINICS:		
Number of spectacles prescribed by the Ophthalmic Surgeons	5,174	6,962
AURAL CLINIC:		
Number examined by the Aural Surgeon	1,607	3,100
Number of mastoid dressings	346	
Number of other aural treatments	1,332	
Number of audiograms	1,444	
ORTHOPAEDIC CLINICS:		
Number examined by the Orthopaedic Surgeon ..	182	31,239
Number treated by the Physiotherapists	3,471	
CHILD GUIDANCE CLINICS	668	
SPEECH THERAPY CLINICS	1,501	
ULTRA-VIOLET RAY TREATMENT	1,957	
DENTAL CLINICS	42,076	79,152
ORTHODONTIC CLINIC	373	4,581
ASTHMA CLINIC	384	5,027
SCHOOL NURSES AND/OR NURSING ASSISTANTS:		
Examinations of Children for Uncleanliness ..	349,822	
Vision Tests	55,236	
Home Visits	7,354	
CHIROPODY CLINIC	392	1,597

CITY OF BIRMINGHAM

GENERAL INFORMATION

Population (Estimated)	1,093,160
Area	51,147 acres
Density of Population	21,37 persons per acre
Rateable Value (at 1.4.60)	£17,485,363
Education Rate	20s. 3.02d.
Penny Rate produces	£69,980
Primary and Secondary Schools (including Nursery Schools):	
Number of Schools	487
Number on Rolls at end of year	182,802
Special Schools:	
Number of Schools	28
Average Number on Rolls	2,851

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

HAROLD M. COHEN, C.B.E., M.D., D.P.H.

For the Year ended 31st December, 1960

To the Chairman and Members of the Education Committee

I have the honour to present for your consideration a report on the School Health Service for the year ended 31st December, 1960.

From time to time I have tried to indicate the philosophy underlying the endeavours of the School Health Service. I may recall my statement that the Service provides a magnificent opportunity for the promotion of health which cannot be " weighed on a hay-balance by adjustment of pinion." I have said that in curative medicine, there is the tendency to equate health with the absence of disease, and that the immense positive contribution which health can make to the happiness and effectiveness of the individual and to the integration of his personality are sometimes forgotten. Frequently there is the concentration on the remedying of disease rather than on creating conditions for the best in life.

It is a pleasure, therefore, to note what René Dubos, one of the world's leading microbiologists, says in his " Mirage of Health," published recently. He, also, is careful to distinguish between health and lack of disease. " Too often the goal of the planners is a universal grey state of health corresponding to absence of disease rather than to a positive attribute conducive to joyful and creative living."

The Service, in co-operation with the Organisers and Education Welfare Officers has close ties with the schools where the teachers are active agents in helping the children to rise to the full realisation of health which is their birthright.

I am pleased to state that in general the findings of the School Medical Officers would suggest that the health of the Birmingham school children continues to be good. On the debit side, however, a number of children are classified as being in an unsatisfactory condition. The possible factors contributing to this state have been discussed in previous reports, and the supervision of these children is of the first importance.

The curative side of many of the activities of the Service is described in the report. It is not possible to do justice to the presentations in a summary and I would commend the informative accounts.

During the year various buildings and improvements were completed in school clinics and special schools.

The new school clinic at South Yardley was opened in January.

At Handsworth School Clinic, the single storey block providing two dental surgeries, a recovery room, and a store room was opened in October.

A new school, The Dame Ellen Pinsent School for Educationally Sub-normal children to replace the existing school, was opened at Kings Heath in September.

Another school for Educationally Sub-normal children, the Queensbury School, is in course of erection at Wood End Lane, Erdington to replace the Grantham Yorke School in Gem Street.

Work on the extensive remodelling of the children's dormitories and the building of accommodation for residential staff was completed at St. Francis' School.

A new class-and-playroom at Astley Hall Residential School was provided.

At Skilts Residential School a paddling pool and outdoor recreational equipment have been provided.

A welcome addition to playground space has been provided for the Calthorpe School.

Plans for increased accommodation at Hunter's Hill Residential School have been approved.

The Minister of Education was fortunately able to include the following projects in the Authority's main building programme for 1960—1961:

Day Special School for Physically Handicapped Children to replace the existing Victoria School.

Day Special School for Partially Sighted Children to replace the existing George Auden School.

The effect of this variation was that these two schools, and the Day Special School for Deaf Children to replace the existing Longwill School, on the Bell Holloway site was regarded as a single building project in the 1960—1961 major building programme. A start has been made.

For the record, a circular and two administrative memoranda which have been issued during the year may be mentioned.

Ministry of Education Circular 12/60, 13th September, 1960, relates to children unsuitable for education and to school leavers requiring care from Health Authorities. In view of the Mental Health

Act 1959, which in Section 11, substituted new Sections 57, 57A and 57B for Section 57 of the Education Act 1944 as amended by Section 8 of the Education (Miscellaneous Provisions) Act 1948, the circular revises the procedure of reporting children who are unsuitable for education and makes arrangements for reviewing the needs of these children.

The Minister of Health made an order under Section 153 of the Mental Health Act appointing 1st November, 1960, as the date when these changes came into operation.

Administrative Memorandum 6/60, of the Ministry of Education, 12th May, 1960, informed Local Education Authorities that the scope of the one-year courses (full-time and part-time) for training child care staff in Children's Homes, is to be extended by agreement between the Ministry of Education and the Home Office (Central Training Council for Child Care) to include child care staff in boarding special schools and hostels.

Administrative Memorandum 9/60, 18th October, 1960, informs Local Education Authorities that at the request of the Service Departments the Minister has decided to invite the co-operation of Local Education Authorities in an endeavour to ensure that the special needs of handicapped children of Service personnel are not overlooked when the family is posted overseas.

Mention is made in the report of the changes amongst various members of the staff. I would like to refer in my letter to the retirement of three colleagues.

Mr. J. C. Baker who gave loyal and very able service as a School Dental Officer was appointed on 22nd June, 1921, and retired in August after 39 years conscientious work for the school children.

Miss D. A. Ashby, Superintendent School Nurse retired in December. Miss Ashby completed almost 24 years service with the Committee, as School Nurse since January 1937 and as Superintendent School Nurse since May 1946. Tribute was paid to the value of her work and to the enthusiasm she displayed throughout her service.

Miss Dove, Inspector of Special Schools retired in December. Miss Dove had been in the Committee's service since 1927 and her work had been principally concerned with children requiring special educational treatment. Before her appointment as Inspector of Special Schools in 1951, she had held the post of Educational Psychologist. The Committee placed a very high value on the work that Miss Dove had done for special schools in Birmingham.

We wish each of them a happy retirement.

I very much regret to have to report the death on February 12th, 1961, of Dr. Dorothy M. Beaumont. Dr. Beaumont was appointed a School Medical Officer in 1931 after temporary service a few years earlier. She was appointed a Medical Inspector in the Children's Branch of the Home Office in 1935; returned to the Birmingham School Health Service in 1937 and worked here until within a fortnight of her death. Whilst Dr. Beaumont had a keen interest in every part of her work, she specialised in the nursery school age group. Her knowledge was sought throughout the country and she willingly gave her help in various national committees of the Nursery School Association. We mourn a very valuable and popular colleague dedicated to work for children.

Finally, it is a pleasure to acknowledge most sincerely the support and interest of the Chairman and Members of the Committee in the welfare of the children, to express my thanks to Mr. Russell, the Chief Education Officer, for his consideration and assistance, to the staff of the various departments for their help in the preparation of the report, to Dr. Burn, the Medical Officer of Health, for his help and for the account of the work undertaken by his department, to the teachers for their ready co-operation, and to the members of the School Health Service for their continued loyalty and co-operation in a very difficult year.

H. M. COHEN.

School Clinic	Number of Schools	Work Undertaken (Number of Sessions per week)									
		Minor Ailments and Inspection	Refraction	Dental	Orthopaedic	U.V.R.	Ear, Nose and Throat	Speech Therapy	Orthodontic	Chiropody	Asthm
Aldridge Road, Great Barr	19	5	½	10	5	2					
Albert Road, Aston ..	26	5	2	10		5					
Albert Road, Harborne	49	5	1½	10	5	3					
Benacre Street ..	33	5	1	20	5	4					
Church Lane, Kitts Green ..	36	5	1	19		3					
Great Charles Street ..	39	5	4	17			2				2
Soho Hill, Handsworth	37	5	1	15	5	3		8			
Harvey Road, South Yardley ..	27	5	1	20	3	2		4			
Maas Road, Northfield	37	5	1	19	9	3		2			
Sheep Street, Gosta Green ..	46	5	1	7	10	4			8	6	
Stratford Road, Sparkhill	43	5	2	18	10	4					
Slade Road, Erdington	35	5	1	8		3					
Warren Farm Road, Kingstanding ..	26	5	½	18		2					
Warstock Lane, Kings Heath ..	33	5	1	10	10	2					
Yardley Green Road, Little Bromwich ..	37	5	½	11		2					
Friends' Institute, Moseley Road ..								7			
Dame Elizabeth House, Stechford								10			
280 Birchfield Road ..								20			
29 George Road ..								19			
455 Yardley Wood Rd.								17			
298 Warren Farm Rd., Kingstanding ..								5			
58 Lea Hall Road, Stechford								5			

Child Guidance Clinics: 29 George Road, Birmingham, 15; 280 Birchfield Road, Birmingham, 20 and 455 Yardley Wood Road, Kings Heath, Birmingham, 14.

The figures under the heading "Work Undertaken" indicates the number of sessions usually held. The figure is not constant, however, and varies according to the demand of the particular forms of treatment concerned.

By arrangement with the Public Health Department, the Dental Surgery at Neechells Green Health Centre was used for about four sessions per week, commencing 29th June, 1960.

STAFF

During the year there has been a number of changes of staff in the various branches of the School Health Service. Drs. Lillicrap, Marshall and Walker resigned and Drs. Green, Campbell, Todman, Tyler and Williams were appointed. Dr. Campbell resigned after 5 months in the Service. Among the full-time Dental Officers, Mr. J. C. Baker retired in August after 39 years loyal service, and three new Dental Officers were appointed: Mr. S. D. Neale, Miss J. M. Coldrick and Mr. A. W. Smith.

Miss D. A. Ashby, the Superintendent School Nurse retired at the end of the year after 23 years in the School Health Service and thirteen School Nurses left the Service and have been replaced by thirteen newly appointed nurses. The Child Guidance Service staff has been depleted by the resignations of Mr. Sants, Educational Psychologist, and Miss J. M. Jennison and Mrs. M. Roberts, Psychiatric Social Workers. These vacancies have not yet been filled and the Child Guidance Service is in consequence working under great difficulty. One Physiotherapist resigned and one new Physiotherapist was appointed. Five Speech Therapists resigned during the year being replaced by four new appointments, one of whom is on a part-time sessional basis. Ten Dental Attendants resigned and fourteen new Dental Attendants have been appointed. An additional Nursing Assistant was also appointed.

CO-ORDINATION

The interchange of relevant information between the Public Health Department and the School Health Service continues to take place smoothly and satisfactorily. The Maternity and Child Welfare records are sent from the Health Department and are attached to the School Medical Inspection Record for each child and retained in the medical envelope.

From the age of two onwards the Child Welfare Department sends lists periodically of children who are thought 'defective'. These are scrutinised and divided into those who may possibly be ascertained as 'handicapped pupils' and the remainder for special attention at the school medical inspections.

Further help is given in the building up of continuous medical histories of school children through the reports received from the hospitals on children who have been under their care. In general, the suggestions in the Circular to the Hospital Boards are being carried out.

Speech Therapy Clinics are held in the Maternity and Child Welfare Clinics in Warren Farm Road and Lea Hall Road. Dental

Clinics are held at Nechells Green Health Centre. Co-operation between the Health Department and the School Health Service is working well.

Treatment is given for certain conditions in children referred from the Child Welfare Clinics.

The Ear, Nose and Throat Consultant employed by the Education Committee acts in an advisory capacity for such children as it might be necessary to refer to him from the Audiology Clinic. The Committee agreed to allow a teacher from one of the schools for the deaf to attend the Audiology Clinic at the Children's Hospital on one day a week and one of the Head Teachers to attend periodically, to give advice on future educational needs.

Selective information is sent to the family practitioners.

The School Medical Officers take part in the scheme for supplying the Ministry of Health, through the Medical Officer of Health, with early information regarding winter epidemics of influenza and similar diseases. The School Medical Officers are well placed to obtain early information as to the occurrence, incidence and severity of influenza among school children and to give an indication of the beginning of any increase and to trace its spread over the city.

MEDICAL INSPECTION

The following arrangements are made for the medical inspection of pupils:

(*a*) As soon as possible after entry into the Infants' School.

(*b*) In the early part of the last year in the Primary School.

(*c*) In Secondary Modern Schools, in the early part of the child's 15th year; or in the early part of the 16th year and again within a year of leaving, in Grammar Schools.

Children who may need to be kept under observation for any defects found at the intermediate examination are seen either at the school clinic or when they arrive at the Secondary Modern or Grammar School at the next visit of the medical officer. In this way they are followed up regularly.

The main statistics on medical inspection will be found on pages 107 to 111 and the findings are given in accordance with the Ministry's requirements.

The parents receive an invitation to be present at these examinations so that a full discussion can take place on each child. Whilst

the parents in general appreciate the value of this consultation with the doctor, it is interesting to note from the following percentages that the attendances fall off with the older children.

Percentages of parents attending with children in the various age groups:

	Boys Percentage	*Girls Percentage*
1956 and later	99.3	98.8
1955	98.4	96.4
1954	98.2	97.6
1953	98.6	96.0
1952	97.7	92.2
1951	86.9	87.8
1950	93.3	94.7
1949	91.1	93.5
1948	97.8	92.6
1947	71.2	75.0
1946	49.8	67.4
1945 and earlier	41.3	61.3
AVERAGE ..	85.3	87.8

Furthermore it must be emphasised that when the doctor visits a school either for a periodic inspection or for a follow-up examination, he will also see any child about whose health the parent, teacher, nurse or School Welfare Officer is uncertain. This form of selective examination is considered to be of much importance.

PHYSICAL CONDITION

Classification under the heading " Physical Condition " on the School Medical Record.

As recommended by the Minister several years ago, the finding for the heading " Physical Condition " consists of a summing up of the medical officer's opinion on the child's physical fitness. Only two categories are considered necessary, *i.e.*, " Satisfactory " and " Unsatisfactory." The reason for having two categories only is a practical one — it is suggested that every child whose physical condition is considered unsatisfactory should be thoroughly investigated, including the home circumstances, so that he can be helped as far as possible.

The relevant findings for the year under review are given on next page according to the new classification.

Age Groups Inspected (By Year of Birth)	*Number of Pupils Inspected*	*Physical Condition of Pupils Inspected*			
		Satisfactory		Unsatisfactory	
		Number	*% of Column 2*	*Number*	*% of Column 2*
(1)	(2)	(3)	(4)	(5)	(6)
1956 and later ..	2,176	2,138	98.25	38	1.75
1955	7,575	7,449	98.32	126	1.68
1954	6,621	6,485	97.94	136	2.06
1953	2,251	2,196	97.55	55	2.45
1952	606	590	97.35	16	2.65
1951	470	453	96.38	17	3.62
1950	4,972	4,920	98.95	52	1.05
1949	10,075	9,907	98.33	168	1.67
1948	3,450	3,396	98.43	54	1.57
1947	528	521	98.67	7	1.33
1946	5,359	5,288	98.67	71	1.33
1945 and earlier ..	11,933	11,728	98.28	205	1.72
Total	56,016	55,071	98.31	945	1.69

In general it can be said that the condition of the children examined has been maintained satisfactorily, and shows a slight improvement over the previous year.

Yet it must be mentioned here that the grouping is arbitrary and the assessments by the medical officers are made on a subjective basis. So whilst the grouping should not be regarded as a strictly accurate measure, for example the medical officer's standard might be influenced by that of the locality or particular school, it is reasonable to assume that the general impression of the doctor, following the careful clinical examination, gives a reasonable indication of the child's physical condition.

SCHOOL CLINICS

Harvey Road School Clinic, South Yardley

The building for this new clinic was completed at the end of 1959 and it opened in January 1960. This clinic serves the Sheldon, South Yardley and Yardley East areas.

The architects, Messrs. Kelly and Surman, have kindly provided some interesting notes on the building:

" The clinic is situated on the north side of Harvey Road, about 150 yards from Church Road.

Unlike Albert Road Clinic, Harborne, which is very nearly identical, Harvey Road has not been so fortunate in finding a site well possessed with fine mature trees.

Happily however the site, an old playfield, did possess a few small trees which have been carefully retained and incorporated in the layout and planting.

The School Clinic, Harvey Road, South Yardley

The Waiting Hall, School Clinic, Harvey Road, South Yardley

From Harvey Road there is easy access to a small Car Park which adjoins the paved terrace and footpath, that provides the main approach to the Waiting Hall of the clinic. From this approach there is also access to the Staff Entrance.

The Administrative Centre of the clinic is the Records Room which controls the Waiting Hall through the Enquiry Counter sited near to the Entrance Lobby of the Waiting Hall.

From the Waiting Hall, a spacious room overlooking the Terrace and planted approach to the clinic, access has been provided to the three distinct sections of the clinic's work, namely: dental, medical treatment and physiotherapy.

Two Dental Surgeries are provided and approached through a small Waiting Room decorated with a wall-paper portraying the building of the pyramids and supervised through a glazed panel in the wall of the Records Room. The Dental Surgeries have been designed en suite with a Recovery Room, from which a discreet departure may be made from the clinic via the Staff Entrance.

The Medical Officer's Room is directly off the Waiting Hall and is equipped with eye testing apparatus, cupboards and a private toilet. The Medical Officer's Room communicates direct or through two changing cubicles with a fully equipped Treatment Room, which itself has access to the Waiting Hall via the corridor that serves the Staff Entrance.

The third section of the clinic deals with physiotherapy and U.V.R. treatment. This section comprises a fully equipped Physiotherapy Room en suite with the Boys' and Girls' Changing Rooms, a Control Room and the U.V.R. Treatment Room. These rooms have been so arranged to give maximum control and are accessible from the Waiting Hall through a Lobby serving the toilets.

The Physiotherapy Room has access to a paved area where remedial exercises may be given in the open air. This area is screened from the road by a timber screen which forms an integral part of the Cycle/Pram Park conveniently sited adjacent to the Main Entrance.

In designing the clinic much thought was given to the positioning of all fittings and furniture and to the general control of all the departments. A comprehensive call system for the Medical Officer and Dental Surgeries was installed, together with cloak-rooms and a comfortable Staff Room appointed with electric cooker, sink unit, cupboards and easy chairs.

In decorating, it was felt essential to keep the colours quiet but stimulating. Emphasis has been given to the ceilings which are picked out in bright colours, set off by pale grey walls and polished hardwood doors. In the Waiting Hall one wall has been decorated with a blue wall-paper depicting sea birds. The floors are mainly thermoplastic tiles in black and white, grey and white, or dark brown."

SCHOOL BUILDINGS

During the year the policy of improving the standards of the older schools has continued, resulting in the spending of £56,145 on improvements to 14 schools.

Additional accommodation has been provided in respect of both Major and Minor Building Programme schemes, to an approximate total value of £284,714 at 26 schools.

Building of new schools in accordance with the Committee's Building Programme has continued, and during the year 10 new schools were opened whilst at the 31st December, 1960, a further 7 were under construction.

ON PROVISION OF MEDICAL INSPECTION ROOMS

Arising out of a discussion during the year on the provision of facilities for medical inspection at a school, observations were submitted on the general requirements for such purposes.

The relevant Section 12 of the Standards for School Premises Regulations 1959 deals with the subject:

> " Facilities for Medical Inspection and Treatment.
>
> 12—(1) In every Primary School suitable accommodation shall be immediately available at any time during school hours for the inspection and treatment of pupils by doctors, dentists and nurses.
>
> (2) The accommodation for such inspection and treatment shall be well and suitably lighted and heated and shall be conveniently accessible to a closet, and every room provided for such purposes shall include a wash-basin with a supply of hot and cold water."

Section 25 and also Section 40 deal with Secondary and Special Schools.

Whilst 'room' is mentioned, suitable adjacent accommodation is required for the parents who attend the inspection.

It is also helpful to have accommodation available where the school nurse can take the medical history and other relevant information, weigh and measure the child, and prepare the child for examination. It is obviously unsatisfactory to carry this out in the same room where the doctor is examining another child.

As for the medical inspection room, if a straight length of 21 feet is impracticable, then there should be a diagonal of at least that length. This is required for testing the visual acuity and for observing the gait and moving posture of the child. The area of the room should be at least between 200 and 250 square feet.

The room should be provided with a wash-basin with a supply of hot and cold water.

There should be good natural light from behind the area where the doctor is working. Special artificial lighting is required for the vision charts.

Electric power sockets should be available, *e.g.*, for supplementary heat when central heating is not available, and for medical apparatus.

It is important that the medical inspection room should be sited away, or thoroughly insulated, from any noisy activities.

A water closet should be conveniently accessible.

In addition to the periodic medical inspections the room would also be used for the medical officer's follow-up examinations and special surveys, for nurses' surveys and follow-up inspections, for the vision survey, and for dental inspections. In the Primary schools the room would also be used for audiometric survey.

It was stressed that the room should be suitable for the reception of parents in order to conduct the examinations adequately.

In addition, where no separate rest room was provided, the room would also be used for attending to the needs of sick children.

When the room was not being used for any of these purposes, it could be used for school activities, provided no fixtures were installed which would restrict inspection requirements.

In general, the proposals submitted were accepted.

It is of some interest to note that in a survey carried out at about the same time, amongst 319 schools built before 1945 there were 99 separate medical inspection rooms, and in 101 schools built after 1945 there were 68 such rooms.

ON CLEANLINESS AND THE PROVISION OF TOWELS IN SCHOOLS

During the year the Education Committee asked the appropriate Sub-Committees to consider the question of towels in schools. In particular, consideration was to be given to the possible use of paper towels. The enquiry was to be concerned with the towels used by day pupils in Infant, Junior, and Secondary Schools to dry their hands and faces after washing in a basin, not with the towels used after taking a shower.

Accordingly, as a first step, the heads of a representative sample of schools were asked to make a return showing the type or types of towels in use in their schools; the arrangements for making up, storing, distributing and laundering them; and the number of clean towels used each week. The sample comprised one Primary and one Secondary Modern School in five, chosen at random, and ten other

Secondary Schools (a rather larger sample so as to include all types) covering about a third of the roll of comprehensive, bilateral, grammar, and technical school pupils.

Almost all Primary and Secondary Schools used fabric towels, of turkish or huckaback towelling. This was made up, largely, by teaching staff but with some help from non-teaching staff, pupils and parents, either into roller towels or into hand towels.

Individual hand towels were used by about one Primary School in four and by a negligible fraction of the Secondary School pupils.

The remainder used communal towels, hand or roller, the main provision being roller towels.

The number of children per-roller-towel-per-week varied between wide limits; some schools had a fresh towel each week for as few as two or three children, while others made their towels go almost ten times as far. The number of fittings per hundred children — that is the number of towels available at any one moment — also varied very widely from school to school which pointed to storage difficulties.

During the summer term, visits were paid to a number of schools to form an opinion of the quality of the service. The schools included Infant, Junior, Secondary Modern, Grammar, and Comprehensive Schools. These schools also included old buildings and new buildings, central area schools, and schools in the suburbs and in the new housing estates. Finally they included schools whose consumption of towels per child per week was about average, significantly more and significantly less.

This is, of course, a much smaller sample, and the judgements based on it are in some degree subjective, but it was felt that a fairly reliable impression of the present state of affairs was obtained. It should perhaps be said that some visits were made at the end of the school day and at the end of the school week when towels are at their worst.

It need hardly be said that the object of this provision is not clean towels, but clean children, and in this connection it can be said that a day spent looking not only at school washrooms but at children's skins was a refreshing experience. With very few exceptions the children looked both healthy and clean. The children's good habits reflected the greatest credit on the teachers; whether or not there is a formal "Hands and Faces" inspection, they clearly regard the cleanliness of their pupils as part of their responsibility. Their vigilance has probably reduced to a minimum (though it cannot completely eliminate) the risk of a child with impetigo or a similar skin infection using a common towel.

Next it must be stated that no objectionable or scandalously dirty towels were seen. Discussions took place with the caretakers and their wives (by whom most of the towels were laundered) who

obviously were taking a pride in doing this job conscientiously and well. There was, however, a possibility that some caretakers were using washing machines which did not boil the towels.

Again, most schools were found to be making special arrangements for certain groups of children, particularly children staying at school for the mid-day meal; in Primary Schools the youngest children; in Secondary Schools the handicraft groups. These special arrangements took various forms: changing towels daily or twice a week instead of weekly, or putting out special towels at mid-day; providing children with individual hand towels; providing a class with a number of hand towels which, though used in common, can be more closely supervised than common towels used by a whole school.

The teachers' efforts have two objects: to enable children to dry their hands and faces hygienically and also to teach children that towels should be properly used, and not objects to which dirt from one's person may properly be transferred. Several teachers expressed or endorsed the view that if paper towels were introduced, fabric towels should be kept for the yoingest children so that this lesson may be learnt at school by many who would not learn it as well at home.

The visits confirmed the opinion that the communal roller towel was not in general the source of the spread of skin infections, mainly because of the surveillance of the children by teachers and nurses; there was, in fact, little chance of a child with an infectious skin condition remaining at school. It is fair to add that the standards of towel hygiene in the central area schools visited were obviously ahead of the general standards of the areas which they serve.

There was none-the-less, obvious room for improvement. Towards the end of their day's or week's service a good many towels were certainly damp and fairly grubby, and a fastidious child may have to dry her or his hands or face on a towel which has obviously been used by rather too many, perhaps rather less fastidious, children. Towels whose users have been gardening or painting can sometimes be identified. Accordingly the use of individual towels can be advocated not only from the hygienic point of view but also from the aesthetic.

There is certainly no room in old schools, nor probably in most new ones, to store individual fabric towels as they should be stored — that is so that they can dry and cannot touch each other. Storage was in fact the least satisfying aspect of the situation. Though the arrangements may well be the best in the circumstances, they were sometimes primitive. By contrast the paper towels dispensers in the one school were entirely without offence.

Finally it should be said that if schools are going to continue to use fabric towels, some of these ought to be washed oftener, and this would involve a considerable increase in the laundry bill.

Consideration was given to alternatives to fabric towels and paper towels appeared to be the most probable alternative. They are now used by a large number of education authorities and reports are favourable. An estimate of the cost of providing and laundering fabric towels was compared with the probable cost of providing paper towels. These estimates were of course tentative and approximate. Nevertheless it appeared that the estimate for providing paper towels would be cheaper than the present arrangements in Birmingham.

Representatives of teacher organisations were consulted on the basis of the facts given in the report. It was found they had consulted teachers in neighbouring authorities where paper towels were in use, and that on the whole they were well disposed towards the introduction of paper towels. Some representatives however, made the point that some teachers would be doubtful about the satisfactoriness of paper towels, at least at first.

After due consideration, the Education Committee approved, at the meeting in July, the introduction of paper towels in all cases where the heads of schools are anxious to use them. Almost half of the Committee's schools are now using paper towels.

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

The enquiry into the growth, height and development of children born between 3rd and 9th March, 1946, was continued during the year. This investigation is being sponsored by the Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health and the Population Investigation Committee. The Special Services Branch of the Ministry of Education have been closely associated in the planning of the enquiry.

In previous reports the aim and progress of this longitudinal study have been described.

The following relates to the survey in the Annual Report of the Population Investigation Committee:

" The data collected in the special study of maladjustment among the survey children is now being analysed on the electronic computer at Rothamsted. The teachers' ratings of the behaviour of the survey children and the children's answers to questions designed to measure 'aggressiveness', 'extroversion' and 'neuroticism' are being compared with similar information relating to known maladjusted children in various areas. The object is to find the method of scoring this information that will discriminate most efficiently between the known maladjusted children and the survey children. This scoring method will then be used in an attempt to predict which of the survey children are likely to be maladjusted or become maladjusted.

With the help of the Home Office, the Association of Children's Officers in England and Wales and the Probation Officers in Scotland, information in delinquency among the survey has now been obtained and arrangements are being made for all future court appearances of these children to be notified.

The Medical Research Council have made a grant of £250 to cover the cost of a special analysis of the effects of air pollution on respiratory illness. It is proposed to grade the homes of the survey children in terms of the extent of local air pollution and to follow the history of respiratory disease among children living in highly polluted or less polluted areas and among children moving from one type of area to another.

The survey children have been given their last special medical examination by the school doctor."

A further home visit to the survey children was made in the autumn. Its aim was to bring up to date information on illness, accidents, and home circumstances and to obtain further information on the attitudes of the parents to their children's schooling and their future jobs.

SCHOOL MEALS SERVICE

DINNERS SUPPLIED TO CHILDREN

JANUARY—DECEMBER 1960

Schools	*Free Dinners*	*Part-Paid Dinners*	*Paid Dinners*	*Total Dinners*
Nursery	15,607	252	296,156	312,015
Primary	675,552	15,487	5,702,758	6,393,797
Secondary	292,494	5,144	2,642,350	2,939,988
Comprehensive	9,805	44	276,752	286,601
Grammar and Technical ..	43,725	999	2,513,456	2,558,180
Special Schools	28,133	539	294,241	322,913
	1,065,316	22,465	11,725,713	12,813,494

DAILY NUMBER OF CHILDREN HAVING DINNERS 1960

	Secondary	*Primary*
January	32,719	34,494
February	30,742	34,641
March	30,203	34,939
April	29,002	34,487
May	27,739	36,610
June	26,844	35,781
July	26,564	34,957
September	34,985	34,767
October	35,078	36,676
November	34,199	36,785
December	34,552	36,599

DAILY NUMBER OF MEALS SERVED DURING HOLIDAYS

	Normal Meals	*Holiday Meals*	*Percentage*
Easter	63,489	1,002	1.6
Whitsuntide	64,349	949	1.5
August	69,752	863	1.2
Christmas	71,151	783	1.1

Number of children eligible for free meals at December 1960 was 6,589.

MILK IN SCHOOLS SCHEME

Number of children taking milk as per Ministry of Education on a given day in October 1960:

150,057 *Percentage* 85.5

EXAMINATION OF CANTEEN STAFF

During the year 570 employees of the School Meals Service have been examined for admission to the Corporation Sickness and Accident Allowance Scheme.

SCHOOL CANTEENS

Dr. Lemin reports:—

" Visits to various school canteens were carried out during the year, in the company of Miss Jones. Matters of health and hygiene were discussed with the staff.

These visits give an opportunity to clear up any questions which may arise in the maintenance of the highest possible standards of hygiene in the canteen together with the well-being and safety of the personnel.

First aid equipment was inspected and it was stressed that it should be easily available and its situation within the knowledge of the staff.

In general it may be said that the canteen staff are most keen and interested and take pride in maintaining the high standards of hygiene in their individual canteens and are most conscious of this need.

Two lectures were given to the canteen staff during the year on 'Health and Hygiene in the Canteen'.

Visits were also paid to the wash-ups in schools and there, again, staff were seen and useful discussions were held.

In all cases the Head of the school was visited so that any particular aspect arising in relation to school meals might be considered.

These visits invariably proved of value and the personal contact so made has been a great help in obtaining useful co-operation all along the line."

MINOR AILMENTS AND INSPECTION CLINICS

A full account of the purpose and function of these clinics was given in last year's report.

There have been over 90,000 attendances during 1960.

Scabies

There has been a welcome fall in the number of cases treated during the year, 109 as compared with 140 cases in 1959. It is of some interest to note that 75 cases were treated in 1958 and 65 in 1957. As a contrast, it can be recalled that 599 cases were treated in 1949. The number fell rapidly in the following years, to 207, 147, 149, 68, 96, 68 and 65 for the years 1950, 1951, 1952, 1953, 1954, 1955 and 1956.

Ringworm of the Scalp

The number of cases 'known to have been dealt with' is 5 compared with 6 in the previous year. This does not give a true picture of the incidence, however, as it is difficult to ascertain the complete number. The trend is indicative.

Ringworm of the Body

The numbers treated this year were 28 compared with 15 last year and 57 in 1958.

Diseases of the Skin

There has unfortunately been an increase in the number of skin diseases and in the number of cases of impetigo.

DEFECTS OF EAR, NOSE AND THROAT

Mr. Norman L. Crabtree, the Ear, Nose and Throat Surgeon, reports:—

" The appointment of a Peripatetic Teacher of the Deaf enabled many cases of hearing difficulty to be visited in school and their problem discussed with the class teacher. The results of the reports are still being assessed but it appears to confirm our impressions that there are many children falling behind in their educational attainments who require additional help.

The assessment for intelligence of most of these children also shows that there are many children apparently progressing satisfactorily in low streams whose intelligence would place them in a higher stream but for their hearing handicap. In some of these cases the hearing handicap is relatively slight and its significance often not appreciated.

During the first half of the year, training of pre-school children in the development of speech and language was also undertaken by this teacher at the Children's Hospital. Unfortunately the physical disturbance created by the beginning of the building of the new Hearing Clinic has temporarily interrupted this work which continues under great difficulties at the two special schools.

A deaf child in a special school is ensured of expert day to day supervision. The early detection and follow-up of the younger cases and those who are not in special schools presents problems. Following a study of the record system in use at the Birmingham Chest Clinic we have begun the setting up of a visible card system which will, when in operation greatly assist in our following up these cases. The same system will operate both at the Children's Hospital and the Aural Clinic in order that children will be known about and provision more easily made for the medical care and education as they grow."

AUDIOMETRIC SURVEY

The examination in the schools of the hearing of six year-old children by pure-tone sweep audiometry was continued during the year. Any other child where there was some doubt about the hearing could also be brought forward by the teacher.

The methods and standards used were described in last year's report.

Number of children tested	5,057
Number of children failed	251
Number of children failed one ear	150
Number of children failed both ears	101
Number of children failed and already having treatment at:	
Hospital	21
Family doctor	9
Aural Clinic	10
Number of parents contacted (mostly by home visits)	233
Number of children referred to:	
Aural Clinic	202
Family doctor	11
Number of children found to be already under treatment	20
Number of children passed pure-tone test at clinic	18
Number of children failed pure-tone test at clinic	147
Of the children found to require syringing:	
13 passed pure-tone test after syringing,	
18 failed pure-tone test after syringing.	
Number of children failed to attend for pure-tone test	8
Number of children who failed pure-tone test and referred:	
To Aural Surgeon	138
To family doctor	21
Number of children seen by Aural Surgeon (including some previously tested)	147
Number of children referred for treatment:	
To hospital	81
To family doctor	24
To Aural Clinic	3
To Dr. Kemp	1
Number of children referred for *x* rays	16
Number of children not requiring treatment	22
Number of children who failed to attend for Aural Surgeon	7

Diagnosis at Aural Clinic and referred to hospital:	
Eustachian Obstruction	72
Otitis Media	8
Mastoiditis	1
Treatment at hospital:	
Tonsils and Adenoids	44
Antrum Wash-outs	6
T's & A's and A.W.O's	5
Adenoidectomy	14
Adenoidectomy and Myringotomy	1
Mastoidectomy	1
Removal of Aural Polypus	1
Tympanoplasty	1
Atticotomy	1
Caldwell-Luc	1
Examination under anaesthetic	1
Cases discharged in 1960 after treatment — satisfactory hearing	40
Failed to attend for re-test after treatment	6
Failed to attend for review by Aural Surgeon after treatment	5

TONSILS AND ADENOIDS

In general conservative treatment is adopted, but careful regard is paid to the cases where operative treatment appears to be necessary. Following consultation with the child's family practitioner, recourse is now made to the most convenient hospital for any operation which may be required.

Complete information, however, relating to the total number of children who received operative treatment is not available but it is known that 1,973 children were operated on for tonsils and adenoids in 1960.

EYE DEFECTS

The number of children examined in the routine age groups who suffered from defective vision (excluding squint) was:

Age Group Inspected (By Year of Birth)	*Number Examined*	*Number found to have Defective Vision*	*Percentage*
1956 and later	2,176	17	0.77
1955	7,575	143	1.88
1954	6,621	209	3.15
1953	2,251	110	4.88
1952	606	38	6.27
1951	470	54	11.49
1950	4,972	639	12.84
1949	10,075	1,298	12.88
1948	3,450	414	12.00
1947	528	87	16.47
1946	5,359	798	14.89
1945 and earlier	11,933	2,063	17.29
TOTAL	56,016	5,870	10.48

OPHTHALMIC TREATMENT

Mr. Archer Hall reports:—

"I have pleasure in appending a list of the various refractive errors that I have treated at the Great Charles Street School Clinic during the year ended 31st December, 1960.

The total treated is 344 — and, as you know, I have been attending on Wednesday afternoons only during the year in question.

Of this total, 66 children were found not to require glasses and this rather high figure is explained by the number of children with one amblyopic eye and one quite normal eye, together with the fact that inevitably a number of children are called for examination who prove to have very low refractive errors or to be quite normal in their focus. This is particularly the case in regard to young children who are not sure of the letters or who are illiterate, or by reason of shyness do not read the test types as well as they can."

RECORD OF ATTENDANCES 1960

Myopia	90
Myopic Astigmatism	20
Mixed Astigmatism	16
Hypermetropic Astigmatism	90
Hypermetropia	58
No glasses required	66
Referred to hospital	4
TOTAL ATTENDANCES	344"

Mr. Mark Tree reports:—

"I append an analysis of the refractive errors seen in children attending my clinic during the past year and I wish to record my thanks to the nurses at Great Charles Street for their great help with these children and the provision of statistical data.

	Percentage
Moderate Myopia and Astigmatism	23.9
High Myopia	1.1
Hypermetropia and Astigmatism without Squint	50.0
Mixed Astigmatism	5.0
Squint cases	9.0
No spectacles necessary	11.0

With regard to children with pathological conditions, I refer to my report for 1954 when I investigated the incidence of congenital toxoplasmosis. Since that date there has been a great deal of interest and investigation of the problem notably by Professor Beattie of Sheffield. He has emphasised the fact that toxoplasmas can remain quiescent for long periods, in great numbers in encysted forms and when released can give rise to reactivation of local lesions in the eye and elsewhere and also generalised disturbance, with changes in bone

marrow and glandular enlargement. This indicates that individuals with choroiditis apparently quiescent and cured must be re-examined periodically and given appropriate general treatment at the slightest sign of reactivation of the eye condition.

With regard to glandular enlargement it has been indicated that many cases of toxoplasmosis have been confused with glandular fever, but the Paul Bunnell test is found to be negative. I have recently seen one of these cases in which I found typical areas of choroiditis.

My interest in cases with severe eye involvement often complicated by grave affection of the nervous system, was heightened by the fact that in 1954 Dr. Baar of the Birmingham Children's Hospital obtained positive antibody results with the dye-test in only a proportion of the cases referred to him. I believe the answer to this problem has been presented to us by Dr. Robert P. Burns of New York, U.S.A., who in March 1959 described his investigation of a newly recognised virus infection of the eye 'Cytomegalic Inclusion Uveitis' which, like toxoplasmosis, also causes optic atrophy, mental defects, hydrocephalus, and periventricular cerebral calcification.

I have discussed this important matter with Dr. Cohen and I am pleased to record my thanks for his co-operation in investigating affected children and in which he has secured the generous and ready help of Dr. Rogers and Dr. Astley of the Birmingham Children's Hospital.

I hope to report in the future on the progress of this investigation."

Dr. Marx reports:—

"During 1960 I have held 94 sessions and seen approximately 797 children. Conditions were as follows:

1.	Myopes (including Simple Myopia, Simple Myopic Astigmatism and Compound Myopic Astigmatism)	208
2.	Hypermetropia (Simple Hypermetropia, Simple Hypermetropic Astigmatism and Compound Hypermetropic Astigmatism)	457
3.	Mixed Astigmatism	48
4.	Squints	7
5.	Amblyopia	18
6.	Optic Atrophy	2
7.	Corneal Opacity	2
8.	Congenital Cataract	3
9.	Colour Blindness	18
10.	No glasses required	66

23 children had to be referred to hospital."

Mrs. N. Walkinshaw reports:—

"I have pleasure in submitting my report for the year ending 1960.

I have examined 693 children during the year.

The commonest refractive error in both age groups in order:

	Under Ten Percentage	*Over Ten Percentage*
Hypermetropic Astigmatism	34.2	34.2
Myopic Astigmatism	5.8	14.5
Mixed Astigmatism	3.3	3.5
Strabismus (all forms)	20.8	5.5
Hypermetropia	16.6	10.0
Myopia	7.5	20.4
Anisometropia	3.4	4.4
Amblyopia	0.9	2.0
Normal	7.5	5.5

The following cases were also noted:

1 Congenital Cataract	Aet under 10
1 Congenital Nystagmus	Aet over 10

I continue to review at frequent intervals all cases of squint and amblyopia in the under ten age group."

Dr. B. C. Curwood reports:—

" Since my last report I have examined 1,575 children, showing the following distribution, in percentages:

	Percentages
Hypermetropia	8.1
Hypermetropic Astigmatism	15.5
Myopia — all degrees (2/3 old cases)	37.3
Myopia Astigmatism	6.0
Mixed Astigmatism	3.0
Strabismus: (*a*) Convergent	14.8
(*b*) Divergent	1.7
Amblyopia and Anisometropia	3.2
No glasses needed	10.4

Included among these were these clinical conditions — some common, and some rare:

6 cases of Epicanthus without Squint.
5 „ „ Congenital Nystagmus.
2 „ „ Coloboma of the Choroid.
1 „ „ Macular Hole.
1 „ „ Macular Parasite (under investigation).
1 „ „ Eclipse Burn — recent.
1 „ „ Congenital Retinal Septum.
2 „ „ Developmental Lens Opacities.
1 „ „ Dermatogenous Cataract.
1 „ „ Adies Myotomic Pupil.
1 „ „ Leber's Disease.
1 „ „ Galactosaemia.
1 „ „ Active Corneal Ulcer."

Mr. Norris reports:—

"With the co-operation of the service a loan system for occluders was arranged so that no child suffering with amblyopia failed to be treated through the parents being unable to afford the cost.

It is my experience over the years that if amblyopia is detected in the early years of 4 to 8 that the vast majority of these cases can be cured. It is extremely important that the correction of the defective eye is very accurate and that the parents absolute co-operation is obtained by a careful explanation of the purpose of the treatment.

There is one other observation worthy of comment in the year's work. The opportunity occurred of examining three pairs of identical twins. In each pair the refractive errors were reasonably large. Either twin could without difficulty have worn the correction given to the other one. From this one would postulate that the refractive errors are either due to similar environments factors or heredity. My own view is strongly in favour of the latter as the cause, although in countries where environment includes such factors as gross malnutrition a modification of this view might be necessary."

SCHOOL DENTAL SERVICE

Mr. D. Glen Thomson, Principal School Dental Officer, reports:—

"Staff

There has been a remarkable increase during the year in the number of dental officers employed in the Birmingham School Dental Service. The number expressed as full-time equivalent in 1959 was 19.6 and had increased by 4.3 to a total of 23.9 dental officers. The proportion of sessionally employed part-time dental officers to full-time officers remains about the same.

Full-Time Appointments

S. D. Neale, B.D.S., L.D.S., 22.2.60.
J. M. Coldrick, B.D.S., L.D.S.R.C.S. Eng., 18.7.60.
A. W. Smith, L.D.S., 14.11.60.

Resignations

J. C. Baker (retired 12.8.60).

Treatment

Of the 139,493 children inspected in 383 of the 518 schools, 106,400 were found to require treatment, 83,604 were referred for treatment and 23,047 had their treatment completed. In addition 19,029 casual children attended the clinics and received treatment and attended on 12,054 further occasions to have all their necessary treatment completed. The total number of attendances at school clinics was 79,152, an increase of 6,030 attendances. The average number of

attendances for each child treated was 1.9. The commensurate figure given in the Health of the School Child for 1958—1959 was 3.2.

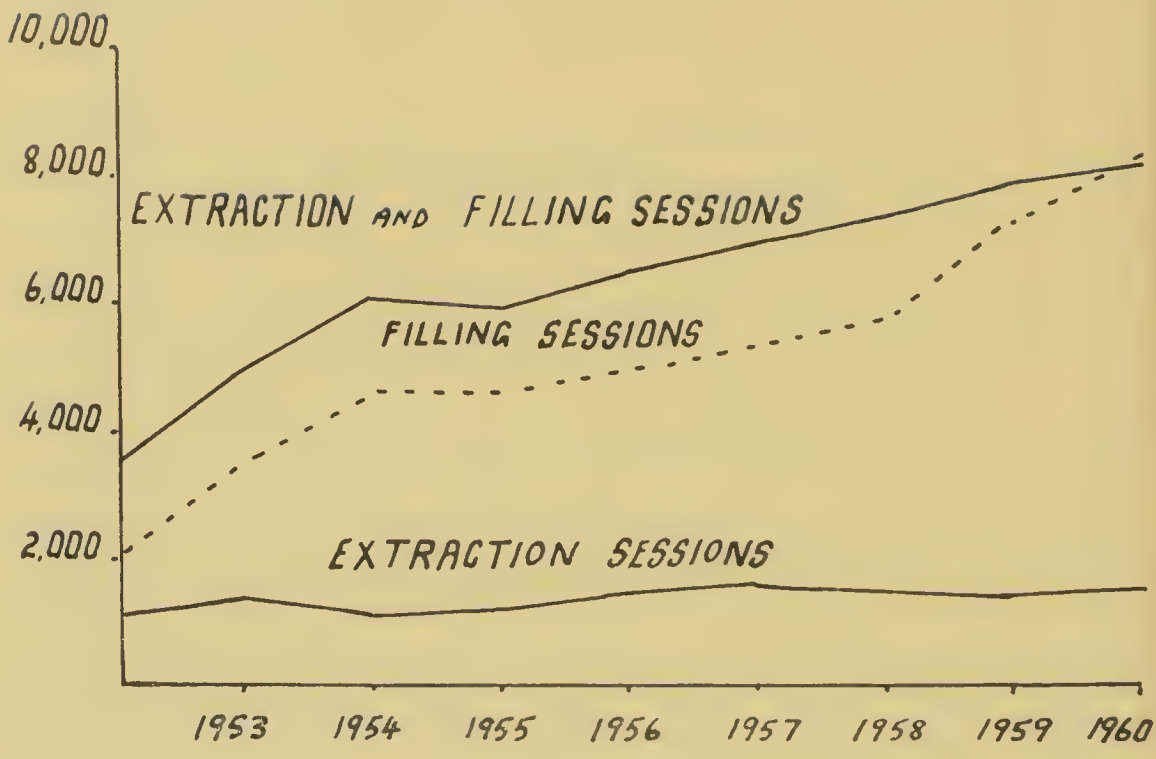
19,220 permanent teeth and 47,483 temporary teeth were extracted. There was a decrease of 431 permanent teeth extracted but an increase of 2,624 temporary teeth extracted. The sessions devoted to saving teeth increased by 350 and the total number of fillings inserted in permanent teeth amounted to a record total of 41,836, an increase of 5,282 fillings. The increase in the number of permanent teeth saved and the decrease in the number of permanent teeth extracted led to an improvement of .25 in the ratio of teeth saved to teeth lost by extraction. The ratio is now 1.84 compared with the national figure of 2.4.

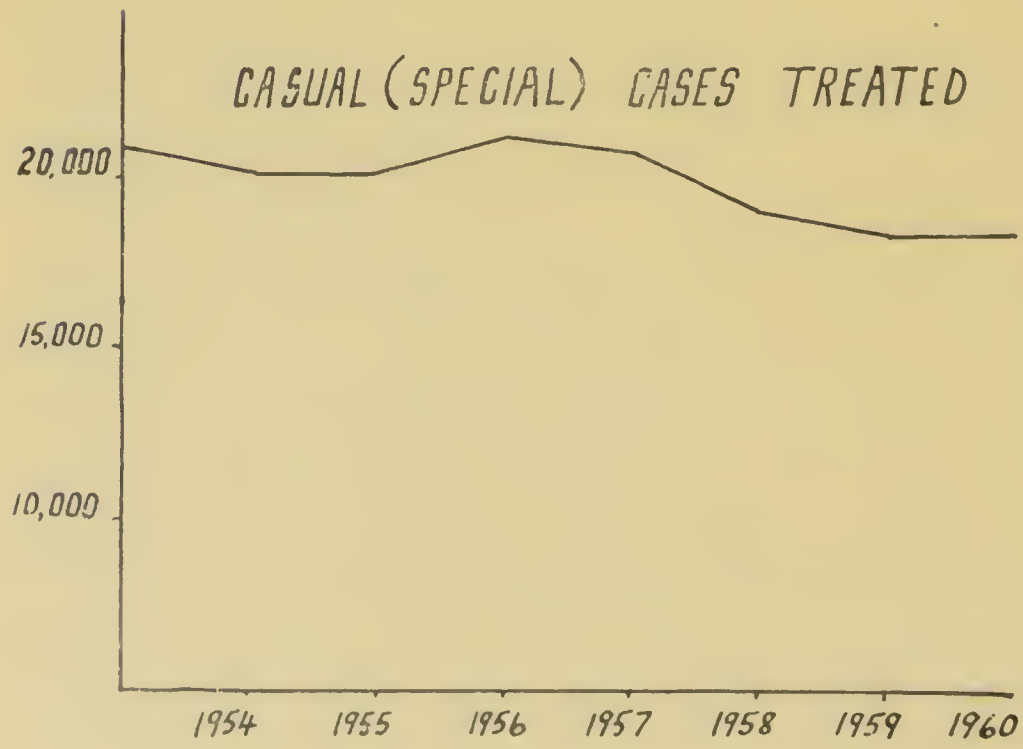
The number of children who received dental inspection on school premises was 139,493, an increase of 4,986 children. Unfortunately, it has not been possible to provide an annual inspection for all areas and the average time between visits is now approximately fourteen months. The two black areas are Slade Road and Northfield where the surgery accommodation is insufficient to permit treatment for all those children requesting it. It may be that the total number of surgeries will have to be reviewed and additional dental surgeries provided in these areas. Dental inspections are not restricted to selected groups and all children receive inspection including those known to receive private treatment and those regularly refusing all dental treatment. Dental inspections initiate interest in dental health and some parents are aroused to their responsibilities. A number of children are taken to private dentists and many more receive treatment within the school service. Unfortunately, a hard core remain who will not accept regular treatment, refuse fillings, but expect immediate treatment for the extraction of aching teeth. The service would be much improved if all children could be inspected at least twice a year and those children with a high caries rate examined three times a year and offered full comprehensive treatment after each examination. The General Dental Service Regulations permit payment to dentists for three examinations and courses of treatment a year and a number of dentists do give such a service. Unfortunately, the present establishment of dental officers does not permit this. The Report of the Chief Medical Officer of the Ministry of Education for 1954-55 states that dental inspections should begin as regards each child, with its entrance into school life, and should provide for annual re-examination up to the end of its school life with the opportunity for treatment, if necessary, after each inspection. The Minister of Education has indicated that a ratio of at least one dentist to 3,000 children would be required for a complete service. It is emphasised that this is a minimum staffing need. The present establishment for the Birmingham School Dental Service is 30 or one dental officer to 6,000 children. With the termination of National Service and an improved salary scale many more

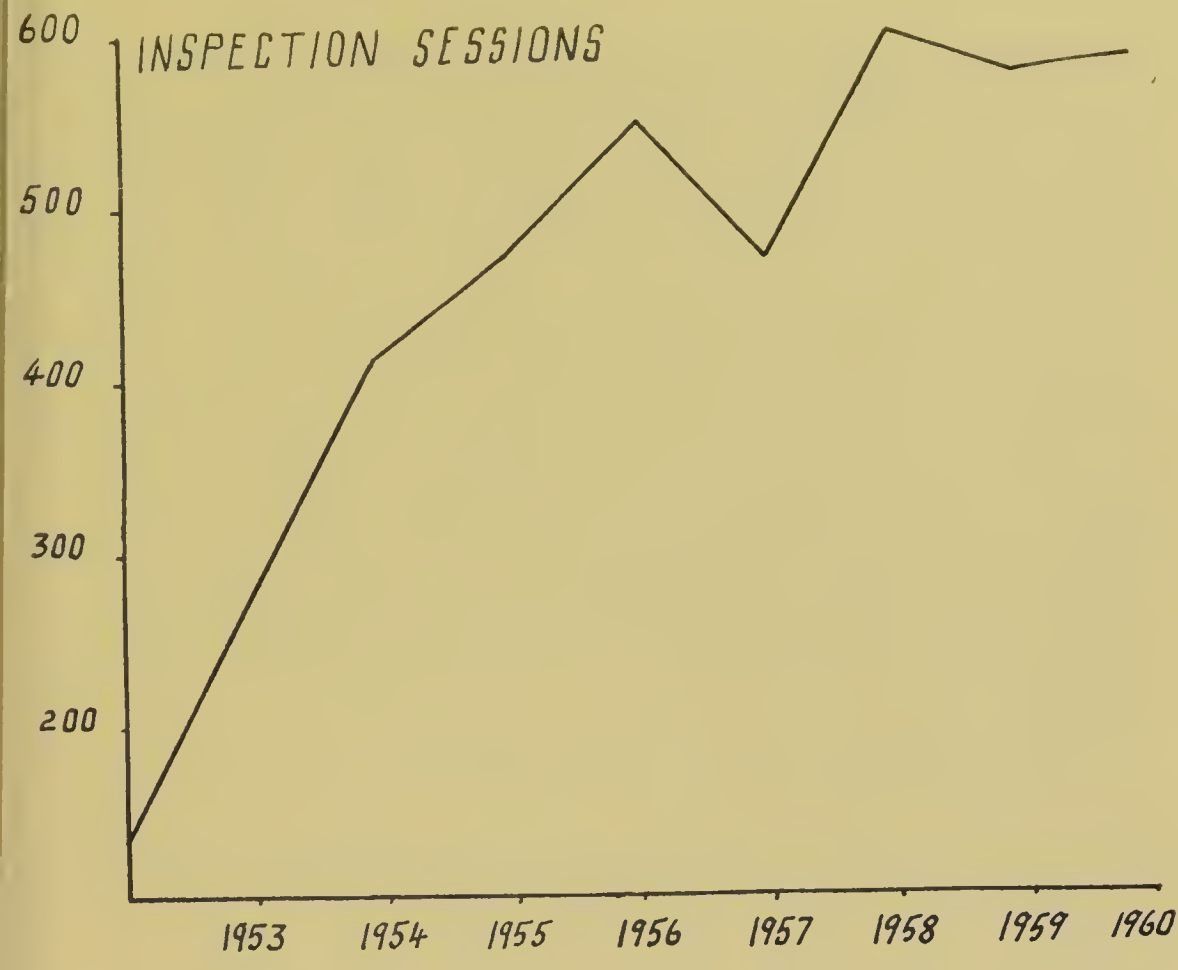
young graduates are turning to the School Dental Service as a career. It may be that the time is ripe to reconsider the establishment and bring it more into line with that recommended by the Minister of Education.

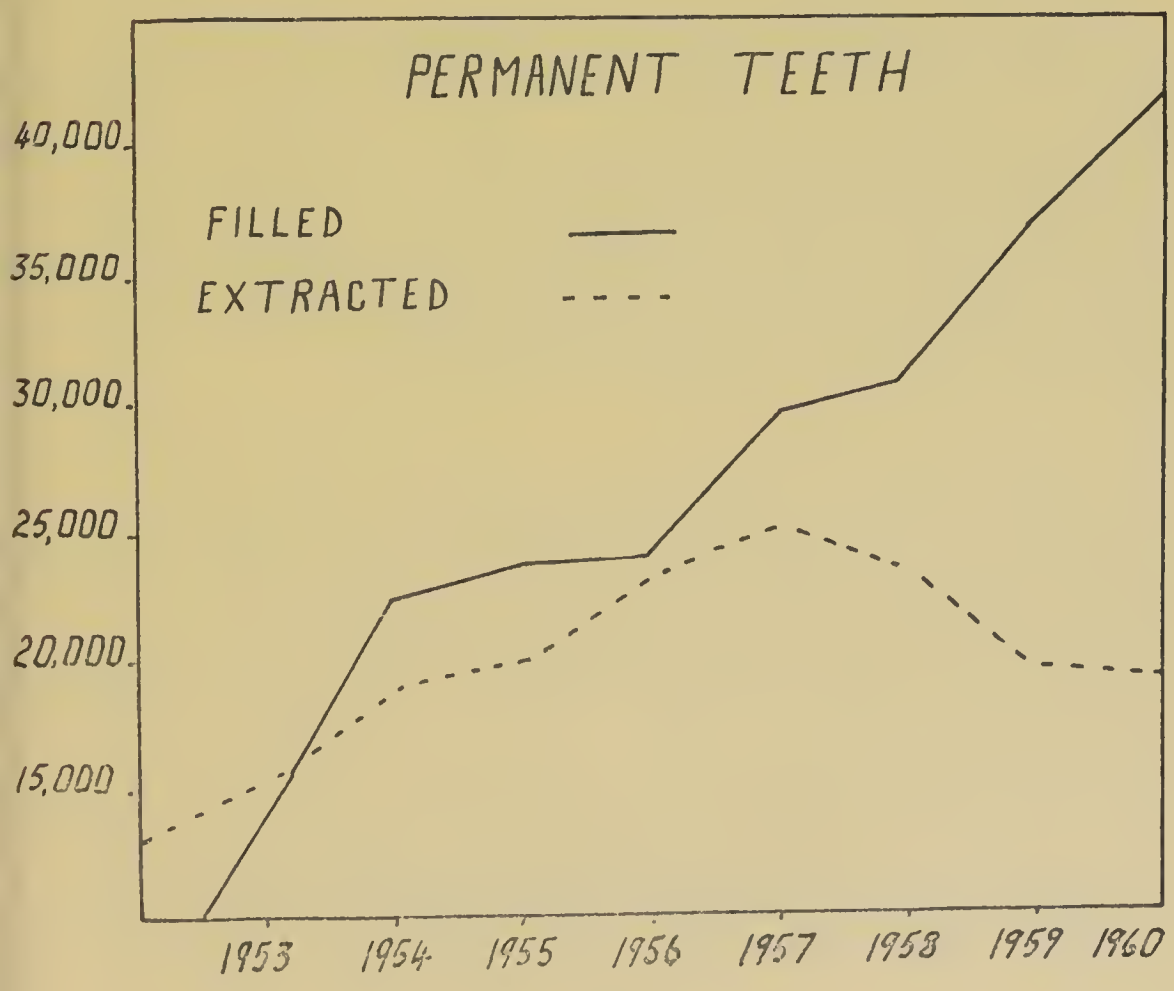
Dental Disease

The deterioration in the condition of children's teeth continues in spite of all efforts to educate children to clean their teeth, eschew lollies and chew apples at the end of each meal. The five year-old entrants' teeth have not deteriorated as much as those of older children. Eating between meals is common to most children and the school tuck shop has a ready sale of sugary confections. Some Head Teachers in Birmingham have arranged for the sale of apples, nuts, raisins and potato crisps, all of which require more chewing and are less harmful to the teeth. This additional mastication promotes a flow of saliva which tends to clean the teeth. The price of apples, even at the dearest time of the year, is not beyond the pocket of most families to supply a portion of one at the end of a meal at home. The use of a toothbrush is most important and posters are displayed in many schools showing the correct way to brush teeth. Unfortunately, many children do not brush their teeth and careful enquiries have found that only one child in four has a toothbrush. It is only regular brushing of the teeth which has any value and in the case of younger children no more than one in ten do this. Instruction in oral hygiene is given to all children at the chair-side when attending for conservations. The film "Let's Keep Our Teeth" has been in constant demand and usually is shown to correspond with the visit of the dentist for school inspections. It is much regretted that both copies of this film have been withdrawn from the school library as they are no longer serviceable. It is hoped that they will be replaced at an early date. Dental board posters are displayed in most schools. The Oral Hygiene Service has provided excellent leaflets, booklets and posters on the care of the teeth of children. These posters are very good and must be amongst the best yet produced for use in Children's Dentistry. The Principal School Dental Officer is responsible for a series of lectures to teachers attending the City of Birmingham Training Course for Handicapped Children. The care of the teeth has aroused interest and their co-operation in this work will be welcomed when they return to active duty. The General Dental and Central Council for Health Education have done excellent work to bring the problem of dental disease to the public. These measures are good but it requires the following-up by school dental officers, school nurses, dental nurses, health visitors and teachers to secure public awareness of dental health. The addition of traces of fluoride to domestic water is said to reduce the incidence of caries by as much as 50 per cent in children consuming such water throughout life. The reports from the three study areas Kilmarnock, Watford and Anglesey are not yet available and the decision to fluoridate public water will no doubt be influenced by these findings.


10,000
8,000
6,000
4,000
2,000
EXTRACTION AND FILLING SESSIONS
FILLING SESSIONS
EXTRACTION SESSIONS
1953
1954
1955
1956
1957
1958
1959
1960


CASUAL (SPECIAL) CASES TREATED
20,000
15,000
10,000
1954
1955
1956
1957
1958
1959
1960


INSPECTION SESSIONS
600
500
400
300
200
1953
1954
1955
1956
1957
1958
1959
1960


PERMANENT TEETH
FILLED
EXTRACTED
40,000
35,000
30,000
25,000
20,000
15,000
1953
1954
1955
1956
1957
1958
1959
1960

Anaesthetic Scheme

The panel of medical anaesthetists has once again proved of great value and I am pleased to have this opportunity of thanking the medical officers concerned for their valuable services. Their presence does much to reassure parents of children suffering from systemic conditions that every precaution will be taken and their fears assuaged.

There were 1,412 gas sessions during the year, an increase of 57 sessions. A total of 27,664 general anaesthetics of nitrous oxide and oxygen were administered, an increase of 1,675 cases. The actual number of anaesthetics averaged 19.6 children for each session during the year. Broken appointments constitute a problem. It is not possible to make an accurate assessment of the number of children attending a gas session and more appointments are made than advisable anticipating broken appointments. On those occasions when all the children keep their appointments the session becomes difficult and overcrowded.

Broken appointments are related to the location of the clinic, school holidays and the weather. It can rise as high as 30 per cent in bad weather during school holidays and as low as none to 12 per cent in the summer months when the schools are open.

The Children's Hospital

The dental department at the Children's Hospital has undertaken dental treatment for a number of children considered unsuitable for treatment at the clinics owing to their physical condition, medical history or that they require special surgical treatment. All cases requiring haematological investigation for known or suspected blood conditions are referred to the hospital previous to their extractions. A large proportion of these children are referred back to the School Dental Service in order that their fillings may be completed. 277 children were referred during the course of the year.

Mr. Geoffrey Hoggins, Consultant Dental Surgeon, reports:—

'A wide and varied selection of most interesting cases have been referred to this hospital during 1960 by the Principal School Dental Officer, Mr. D. Glen Thomson. These patients in the main present with a variety of oral surgical conditions which necessitate admission for operation under naso-tracheal anaesthesia, which can be roughly categorised as follows:

1. Excision of buried impacted teeth from the maxilla and mandible, particularly including canine teeth in the palate and non-erupted central incisors which have been impacted by buried supernumerary teeth, and impacted premolar teeth.

2. Neoplastic conditions affecting the jaws and palate, usually benign but some which have a tendency to be locally malignant, such as osteoclastoma.
3. Resection of upper labial fraenum in conjunction with orthodontic treatment, and resection of tongue tie when positive indications exist.
4. Excision of cystic conditions of the jaws, usually of the dentigerous type which are most common in the age group involved with these cases.
5. Tempero-mandibular joint disorders manifesting in the form of clicking and locking coupled with limitation of opening. These cases are mostly treated by the use of overlay appliances and physiotherapy treatment, but injection of the joint space with hydrocortisone becomes necessary sometimes to effect a cure.
6. Difficult extractions which include the elimination of retained roots which has not been possible under out patient conditions.
7. The treatment of oral disorders associated with cleft palate and hare lip.
8. Treatment for the apprehensive child with acute caries who needs comprehensive treatment performed under general anaesthesia after administration of suitable premedication.
9. The performance of dental surgery for children who present a purely anaesthetic problem, as for example, children who have had a tracheostomy or who are suspected of having an enlarged thymus gland.

In addition to all these cases with a surgical aspect, there are a large number of patients who are referred for dental extractions purely because of their medical condition, which includes such conditions as congenital heart disease, rheumatic heart disease, bronchiectasis, primary complex, and blood disorders such as leukaemia, anaemia, and abnormal bleeding states amongst which one must include haemophilia, Christmas Disease, and purpura.

Finally, there is a certain class of case for diagnosis, either of an obscure swelling around the face and jaws, or because of an unusual anomaly of the dentition, and in fact several most fascinating cases of this nature have been received, including amelogenesis imperfecta and dentionogenesis imperfecta, where familial tendencies were noted'.

Dental Hospital

The close co-operation between the School Dental Service and the Dental Hospital has continued over the year and Dr. Mitchell has permitted his staff to advise and give the necessary treatment to 142 children who required specialised treatment. This collaboration is much appreciated by members of the dental staff. The present arrange-

ment of *x* rays is that the Dental Hospital give this treatment and 396 children were *x* rayed during the year. The Principal School Dental Officer has assisted in a number of projects during the last few years, namely statistics of caries incidence for Dr. Hardwick included in his work on the incidence and distribution of caries and fractured incisor teeth, collection of saliva for Dr. Fox for his research in the Paradontal Department and during the year, J. G. Shaw, Medical School, has commenced a pilot investigation into a method of caries prevention in school children, and he has attended a number of routine school dental inspections.

Handicapped Children

The dental condition of these children is of extreme importance and extractions could be a hazardous procedure in certain groups of children. In most instances early treatment by filling would save the teeth and thus avoid extractions. The majority of children attending residential schools are treated on the school premises but if there is a medical history or physical disability which precludes them from attending the clinics they are treated at the Children's Hospital. A new dental surgery was equipped at St. Francis School and an operative session is held once a week and the children receive full comprehensive treatment.

1,849 children were inspected, 932 were found to require treatment and 793 were referred for treatment. 506 children were treated within the school service and made 687 attendances. 327 permanent teeth and 478 temporary teeth were extracted. 295 fillings were inserted in 283 teeth. General anaesthetics (nitrous oxide+oxygen) was administered by medical anaesthetists on 322 occasions and 14 sessions were devoted to this work.

Orthodontics

The demand for this specialised treatment has again increased and the number of children referred for treatment has become so great that the waiting time before treatment can commence is nearly three years. Only suitable cases are referred by the School Dental Officers but a persistent demand by parents has led to this situation. Many parents realise the importance of regular, well spaced teeth and that disfiguring dental irregularities can be corrected. The featuring of 'close-ups' on television programmes has brought a new awareness of the importance of teeth. The orthodontists gain a tremendous satisfaction when treating children from less fortunate homes. These children respond well to treatment and the fact that somebody is interested in them and they are receiving special treatment gives them a new outlook. The close relationship between child and dentist which grows over the years which this treatment may require gives an opportunity to notice changes. There is an improvement in general appearance, care of the hands and hair and in the child's confidence.

'ANNUAL RETURN — ORTHODONTIC DEPARTMENT 1960

		1960	*1959*
(*a*)	Number of cases commenced	238	310
(*b*)	Number of cases brought forward from previous year	135	72
(*c*)	Number of cases completed	175	209
(*d*)	Number of cases discontinued	48	38
(*e*)	Number of cases treated with appliance ..	671	684
(*f*)	Removable appliances	381	368
(*g*)	Fixed appliances	26	34
(*h*)	Summoned for treatment	5,255	5,473
(*n*)	Total attendances	4,581	4,603
(*na*)	Actual treatment	3,259	2,929
(*nb*)	Observation	1,312	1,675
	Number of *x* rays taken	481	678
	Number of sessions worked	357	323
	Average per session	12.9	14.25

Orthodontic Clinic, Sheep Street

Mr. A. J. Walpole Day reports:—

" This is the last occasion on which I shall have the opportunity of writing a report on the activities of the Orthodontic Clinic at Sheep Street as increasing demands on my time have forced me to spend more time at the Birmingham Dental Hospital. I may be forgiven, therefore, if I say a few words about what has already been achieved in the clinic and my hopes for its future.

When the department was first formed nearly ten years ago it was hoped that a full-time orthodontist would soon be appointed to take over from me and that in addition part-time orthodontists would also visit the clinic to help with the vast amount of work that needed and still needs to be done. Unfortunately for several reasons it has not been possible to appoint a full-time orthodontist, but we are fortunate in having obtained the services of three orthodontists part-time for a total of nine sessions. This enables only a limited number of the most urgent cases to be treated and every effort must now be made to make the service available to all who require it.

In looking to the future it is essential to view the problem in relation to the Midland Region in general and the Orthodontic Department of the Birmingham Dental Hospital in particular.

When the Sheep Street Orthodontic Clinic was opened there was no orthodontic service in the region. Now, however, the Regional Hospital Board are pursuing a vigorous policy and rapidly improving their orthodontic services and have appointed two full-time consultants and two full-time Senior Hospital Dental Officers with a possibility of a further S.H.D.O. appointment before very long.

Such a big change is bound to have an effect on the number of patients requesting treatment at the Birmingham Dental Hospital Orthodontic Department as more than half of the patients attending there are from outside the city boundary. So far the demand for orthodontic treatment at the hospital has been rather greater than the facilities to provide it but with the building of the new hospital which will be twice as large as the present one it is hoped to be able to provide much better facilities for the treatment of children generally and the orthodontic potential will be doubled."

Dental Laboratory

The Dental Laboratory is working to full capacity and some work had to be undertaken by a technician to the profession. It was hoped that some relief would be given to the technicians by the appointment of a dental apprentice but this appointment is still in abeyance.

SUMMARY OF WORK

Orthodontic:	
Models cast	903
Study models supplied	637
Fixed Appliances	26
Removable appliances	358
Oral screens	16
Repairs to appliances	98
Prosthetic:	
Part upper dentures	380
Part lower dentures	20
Full upper dentures	1
Full lower dentures	2
Repairs to dentures	106
Gold inlays	5

Other Operations

A detailed analysis of other operations is appended. These time consuming miscellaneous operations constitute a most important part of the School Dental Service. It is pleasing to note that there has been an increase of 704 scalings.

Permanent Teeth	*1960*	*1959*	*1958*	*1957*	*1956*
Advice	9,012	6,302	5,217	4,812	5,161
Zinc Oxide dressing	3,852	3,614	3,624	3,588	4,807
Root fillings	55	49	43	35	26
Gum treatment	409	272	231	203	206
Stoning and trimming	668	480	283	277	276
Scaling	2,595	1,891	1,608	1,537	1,527
Imps., bites and try ins.	784	612	735	716	574
	17,375	13,220	11,741	11,165	12,577

Temporary Teeth					
Advice	631	876	692	736	781
Silver Nitrate	42	182	271	265	84
Dressings	1,014	962	904	816	776
	1,687	2,019	1,867	1,817	1,641
Total number of dentures provided for school children ..	459	450	499	421	359

Clinics

A new clinic was opened at Harvey Road, South Yardley, during the early part of the year. It has been very busy throughout the time and two surgeries have been in constant use but the demand for treatment has been so great that the period between dental inspections at the schools is about 14 months. The dental block is identical to that at Harborne and contains two surgeries communicating with a common recovery room. The general waiting room is connected to the dental block by a small passage which contains seating accommodation for parents. There is a separate exit from the surgeries which precludes the necessity of children returning to the general waiting room subsequent to treatment. There is a small dark room which is used as a store room but will be available for use as a dark room when *x* rays become a standard equipment for each clinic. The dental surgery at Handsworth has been replaced by a new dental block built in the clinic grounds. It contains two surgeries with a communicating recovery room; a waiting room and store room. The additional surgery has been most useful in meeting the demands for dental treatment and has reduced the period between school dental inspections. The replacement of old and worn equipment has continued and new dental units have been supplied to Slade Road and Sheep Street Clinics. Aldridge Road, Aston, and Great Charles Street surgeries still require modern equipment to bring them up to the standard of the other surgeries.

The new dental airotor which greatly reduces the time spent in cavity preparation by eliminating vibration and pressure has now become accepted as a necessary item of dental equipment. It is hoped that selected clinics will be supplied with airotors in due course. There is general agreement that these high speed air turbines constitute a most outstanding contribution to dentistry and they have been eagerly welcomed by dentists and children alike.

Finally, I would like to express my sincere thanks to all dental officers, part-time and full-time, for a very excellent year's work, and to dental attendants who do so much to maintain the efficiency of the dental service. The Head Teachers and teaching profession have

again been of great help and much of the success of the service depends upon their co-operation. The dental clerks and clerical staff have been, as always, most helpful and incessant in their efforts to ensure an efficient service."

ASTHMA CLINIC

Dr. J. Morrison Smith, Chest Physician, reports:—

"During the year, 112 new patients were seen and there was a total of 5,027 attendances at the clinic. There were 287 domiciliary visits made. This pattern of work follows closely that of past years except that the total attendances continue to rise. With morning sessions on both Wednesday and Friday each week congestion is not serious and waiting time is minimal.

Geographical Survey

The districts of the city in which the children referred to the Asthma Clinic live are shown in Fig. 2. The map may not truly reflect the distribution of asthma among children, since much will depend on the family doctors and the individual school medical officers whether children are referred to the Asthma Clinic or not when they are known to be suffering from it. Other factors may also be of importance in determining attendances from a particular area of the city such as distance from Great Charles Street and availability of suitable buses. The map was, however, thought to be of sufficient interest to be worth including in this report, but further work is being undertaken to study the distribution of cases in relation to population density, altitude, prevailing winds, air pollution and other factors.

Sterilisation of Syringes

With both some difficulty and some expense a new system of sterilisation has been introduced. At each injection given at the clinic a separate syringe and needle are used which have been sterilised by a dry, high temperature method. Difficulties have been experienced in obtaining suitable syringes capable of withstanding this type of sterilisation. Fortunately, the steriliser can be provided by the Birmingham Chest Clinic where a similar method of syringe sterilisation is in operation.

This method of sterilisation is in advance of the method used in most hospitals but it is likely that sterilisation methods in hospitals will improve as risks of spreading infection have been subject to much investigation and official concern recently. The infection which may be regarded as the principal risk in a clinic where many injections are given is that of infective hepatitis and although the risk is small and

Fig. 1. Child population 5–14 years in hundreds.

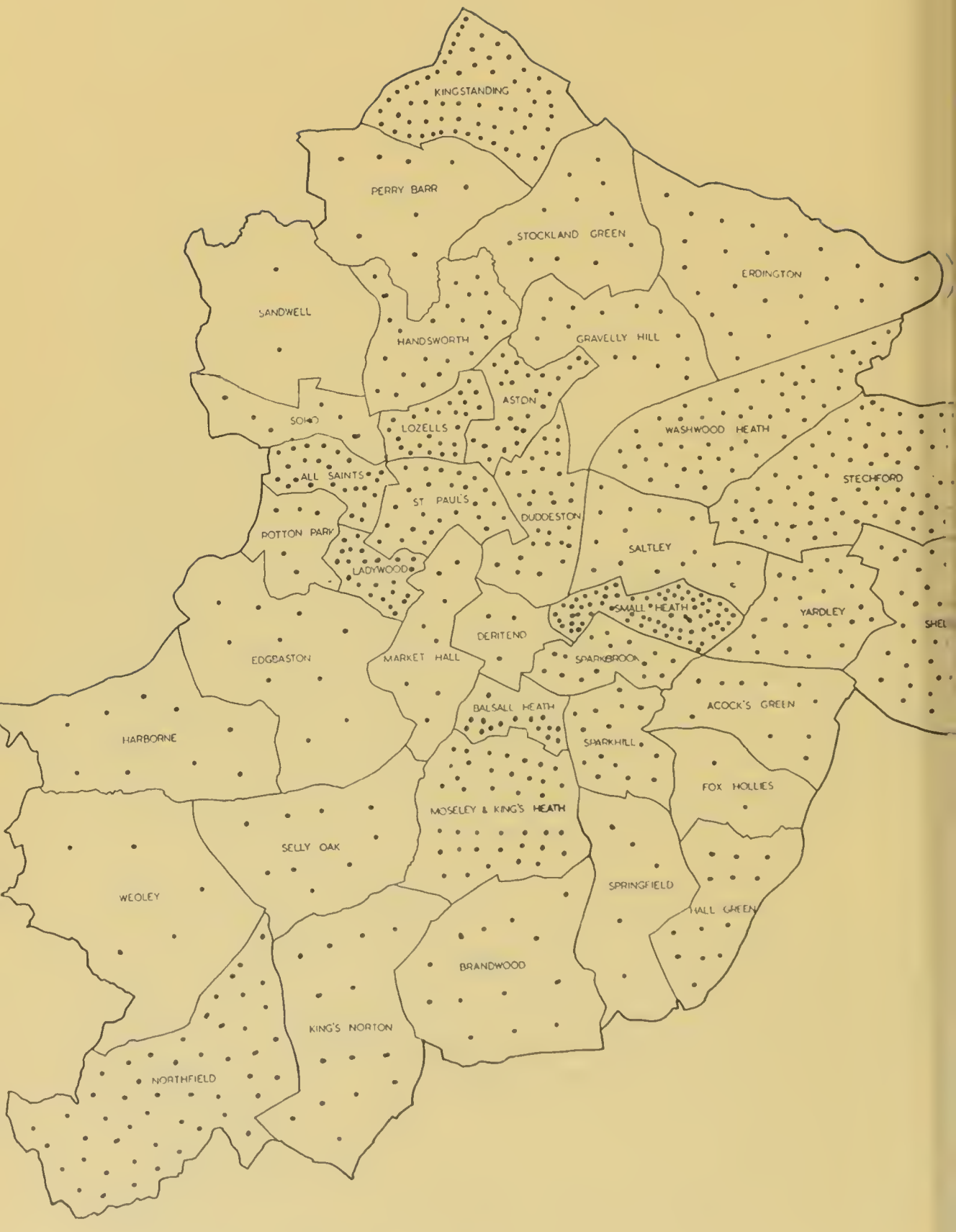


Fig. 2. Asthma cases referred to the Clinics.

the illness rarely very serious, it was felt that the trouble and expense involved in this improvement of method and the provision of individually dry sterilised syringes for each patient was fully justified. We have reason to be grateful for the co-operation of the Birmingham Chest Clinic and the fact that this method having already been introduced there, the necessary sterilising apparatus was available. Extra costs were therefore limited to the purchase of suitable syringes and containers.

Death from Asthma in Childhood

During the year there was one death from asthma in a boy of 14 years who had been attending the clinic for only three months. He had, however, had asthma since the age of six weeks, been in hospital several times and in a residential open-air school for four-and-a-half years. He died suddenly at night after a period of reasonably good health for several weeks.

This is the first known death from asthma of any child attending the clinic since its inception in 1953. Death from asthma is rare in childhood. Less than one death occurs annually from this cause in childhood for every million people in the population. Thus about one death per annum would be expected in a city such as Birmingham.

It is probable that the very great reserve of respiratory capacity in children prevents the occurrence of fatalities. Otherwise healthy children can withstand a degree of asthma which would be fatal in persons of middle age and over. Children may even attend school when the mechanical function of their lungs is less than a quarter of normal. In adult life this degree of disturbance might be associated with complete incapacity or even death.

It follows that it is wrong to be complacent about a child's asthma just because the degree of distress is not severe. It also follows that a boy who is able to attend school in spite of a restriction of breathing capacity to 25 per cent of normal may only require a small additional reduction caused, perhaps, by a respiratory infection or some other minor upset to be precipitated into severe distress or even death. The rarity with which death does occur from asthma in childhood is therefore mainly fortuitous depending on the large physiological reserves at this age. It should not be taken as a reason for regarding the condition lightly in children. Every effort should be made to use the available knowledge in their treatment and to add wherever possible to that knowledge. Further advances in the treatment of asthma are greatly needed.

In conclusion, I would like again to thank the nursing staff of the clinic for their work during the year and all members of the staff of the School Health Service for their co-operation and assistance."

ORTHOPAEDIC DEFECTS

Mr. F. G. Allan reports:—

" The Orthopaedic Advisory Clinics continue to be held at Sheep Street Clinic as in other years. An endeavour is made to hold two in each school term. Each case is referred by one of the School Medical Officers, and is introduced by the physiotherapist, who will be responsible for treatment. A parent is almost always present and following the examination a full discussion takes place.

Since the school period is also the time of life when the major part of growth and development takes place, many opportunities arise for the detection and treatment of physical aberrations from the normal. Even with medical and physiotherapeutic staffs below full strength, the net is drawn very closely and few cases escape notice. It might be argued that we are not all made to the same physical pattern, and that we cannot all expect to be perfect: if sometimes the screening is too fine, no harm is done. The important thing is that abnormalities such as spinal osteochondritis and hallux valgus, which if left untreated could lead to real and permanent disability, are discovered, and the unfortunate sufferers given every chance of recovery.

I make no apology for again drawing attention to the increasing number of teen-age girls found with a hallux valgus deformity, and to the fact that almost without exception each one was wearing shoes allowing far too little room for the toes. Whilst the wearing of unsuitable shoes cannot be blamed entirely for the deformity, one cannot begin to correct it until shoes of the right shape and of sufficient length are worn. Even when the consequences of this neglect are pointed out to the girls and their parents many are indifferent in their attitude to the advice given and some frankly unco-operative.

Every endeavour is made to see that when children under treatment at a school clinic are referred to a hospital for special examination, they are directed back to the same school clinic, so that continuity of treatment under the same medical officer and by the same physiotherapist is assured.

An analysis of cases examined at the Advisory Clinics follows:

Reason for Attendance	*Number of Children Treated*	*Number of Attendances*
Remedial Exercises	2,476	26,061
Massage	239	1,566
Radiant Heat	209	1,109
Electrical Treatment	21	215
Other Purposes	526	2,288
TOTAL ..	3,471	31,239

Defect 1	*Number Treated* 2	Result of Treatment				
		Remedied 3	*Much Improved* 4	*Slightly Improved* 5	*Unchanged* 6	*Discontinued Treatment* 7
Spinal Curvature ..	242	97	65	37	28	15
General Muscular Debility	304	39	128	77	39	21
Various forms of Paralysis	14	—	5	5	4	—
Deformities of the Foot	1,452	307	373	433	190	149
Asthma	236	44	85	63	29	15
Bronchiectasis ..	30	—	13	12	5	—
Bronchial Catarrh ..	297	89	99	69	24	16
Injuries to Limbs ..	69	51	8	1	6	3
Wry Neck, etc. ..	162	107	16	16	6	17
Total ..	2,806	734	792	713	331	236

Total number of individual children treated during the year, 2,563.

A summary and analysis of the cases seen by the Orthopaedic Surgeon is given below:

1. Postural Defects:
   - Kyphosis 18
   - Scoliosis 10
   - Depressed Sternum 1
   - Depressed Vertebra 1
   - Poor Posture 1
   - Torticollis 2

2. Defects in Extremities:
   (*a*) Foot and Ankle:
   - Pes Cavus 7
   - Pes Planus 8
   - Hallux Valgus 30
   - Hallux Rigidus 2
   - Valgoid Ankles 18
   - Knock Knee 27
   - Flat Feet 12
   - Hammer Toes 2
   - Painful Feet 1
   - Flexion deformities of Toes 2
   - Awkward Gait 1
   - Wasting of Calf 2
   - Overlapping 5th Toe 3
   - Claw Toes 1
   - Bow Legs 1
   - Swelling on Foot 1
   - Inverted right Heel 1

(*b*) Arm and Shoulder Girdle:	
Fixed Shoulder	1
Painful Trapezius	1
3. Congenital Defects:	
Club Foot	3
Spina Bifida	1
4. Disease:	
Poliomyelitis	2
Osteochondritis	7
Schlatter's Disease	1
5. Other Conditions:	
Sacro Iliac Strain	1
Altered Gait after injections	1
Calcaereo Spurs	1
Painful left Hip	1
Stiff Knee joint	2
Slipped Femoral Epiphysis	1
Exostosis	1
Habit limp	1

I am again indebted to the medical and physiotherapy staffs for their great interest and help, and for the collection of the data on which this report is based."

ULTRA-VIOLET RAY TREATMENT

	Number Treated	*Cured or Much Improved*	*Improved*	*No Better*	*Ceased to Attend Before Completion of Cure*
Debility	621	190	289	33	109
Rheumatism	19	2	10	5	2
Chorea (Nervous Debility)	2	—	1	1	—
Bronchitis and Asthma ..	382	96	220	17	49
Nasal Catarrh, etc. ..	444	136	239	18	51
Enlarged Glands	27	16	8	—	3
Otorrhoea and Deafness ..	74	20	38	10	6
Blepharitis and Conjunctivitis	24	13	9	—	2
Anaemia	26	12	11	—	3
Chilblains	6	4	2	—	—
Alopecia	17	5	10	1	1
Impetigo	42	40	1	—	1
Other Skin troubles ..	273	87	111	23	52
TOTAL ..	1,957	621	949	108	279

CHIROPODY CLINIC

Mr. H. Wildbore reports:—

" As Mrs. S. M. Jackson commenced duties in January there has been a great increase in the work undertaken in the department during this year. The treatment of crooked toes and other minor foot deformities has again been the major consideration.

It has been possible to carry out foot inspections at schools on fifteen occasions. In this way many cases have been detected and treated which would probably have gone unnoticed until too late for treatment to be effective.

Analysis 1960

Condition	*Number of Cases*
Plantar Warts — single	75
Plantar Warts — multiple	78
Warts on Hands, etc.	9
Corns	61
Interdigital Corns	4
Callous	27
Onychocryptosis	12
Involuted Nails	1
Onychophosis	4
Onychogryphosis and Onychauxis	14
Pes Cavus	2
Pes Valgus	19
Hallux Valgus	80
Varus 5th	1
Hammer Toes and Mallet Toes	13
Clawed Toes and Retracted Toes	17
Burrowing Toes	106
Overlapping Toes	12
Painful Heels	3
Acute strain	1
Tinea Pedis	5
Bursitis	2
Bromidrosis	1
	547

Total number of new cases	412
,, ,, ,, re-examinations	1,327
,, ,, ,, attendances	1,739
,, ,, ,, treatments	2,266
,, ,, discharged	340
,, ,, referred for Physiotherapy, etc.	6
,, ,, still under treatment	195
,, ,, of cases of Verruca discharged	140
,, ,, ,, attendances before discharge	628
Average attendances per case of Verruca	4.5

Summary of Foot Inspections Carried Out at Schools During 1960

Fifteen sessions were held at six schools and all the children seen were aged 7—9 years of age.

	Girls	*Boys*
Number of children seen	398	380
Conditions observed:		
Pes Valgus	181	191
Hallux Valgus	76	27
Hallux Varus	46	62
Other conditions of 1st Segment ..	2	2
Hammer Toes	3	2
Burrowing Toes	95	86
Overlapping Toes	5	3
Other conditions of lesser Toes ..	2	7
Corns and Callous	21	27
Thickened Nails	24	12
Bromidrosis	—	1
Verrucae	4	—
Tinea Pedis	—	1
Unsuitable footwear	64	18
Referred for treatment:		
Chiropody	109	81
Physiotherapy	11	10

The figures regarding footwear are incomplete and therefore do not give a true picture.

A degree of pes valgus must, I think, be considered a normality. Hallux varus, a normal position in many unhibited feet is considerably more common at 7 than 9 years of age."

SPEECH THERAPY

Miss E. S. Sprayson, Senior Speech Therapist, reports:—

"In September 1960 Mrs. Janet Lewis, Miss Maureen Croshaw and Miss Joan Barfield were appointed to full-time posts. In January 1960 Mrs. Sheila Masters was appointed for three sessions and in November 1960 Mrs. Sylvia White was appointed for four sessions a week.

Miss Shirley Baker resigned in July 1960 and Miss Jennifer Warner in August 1960. In December 1960 Mrs. Jennifer Beckett, Mrs. Jennifer Whitehead (née Coxon) and Mrs. Sheila Masters resigned.

Miss Sheila Kalra resigned in September 1960 and Mrs. Ann Scott, who had been appointed to fill the vacancy when Miss Kalra was given leave of absence, continued to work for seven sessions a week.

Referral for Consideration for Speech Therapy

All children whose speech and language is abnormal for their age and environment should be referred to a speech therapist as early as possible. It does not matter whether the defect is one of articulation,

fluency (stammering), language or voice. It is as important to refer a 'lisp' as it is a severe stammer.

There is no definite age when speech therapy becomes necessary. It is impossible to know if a child will 'grow out of it'. Some children benefit from treatment when they are three years old — some when they are considerably older. Every case must be considered individually.

Diagnostic Interviews

At the first diagnostic interview a detailed case history is taken and where necessary the child is referred for further examinations, *e.g.*, hearing test, I.Q. test, psychiatric, neurological or E.N.T. investigation.

Not until all aspects of the case have been taken into consideration can the correct form of therapy be carried out.

Our colleagues in the medical and education professions play a big part in our work with the child and it is gratifying that, in this city, they are a constant source of help.

Treatment

The length of time a child attends a clinic varies from four weeks to four years (when attending for long periods, rest from therapy is given from time to time). Treatment is carried out individually or in small groups, and usually takes place once a week. It would in some cases be beneficial for the patient to attend two or three times a week, but it is seldom possible to arrange this owing to difficulties at home, *e.g.*, young children at home or school, working mothers. The older children who come to the clinics on their own can attend more than once a week when necessary.

STATISTICS 1960	*1960*	*1959*
Number of cases under treatment	1,198	1,060
Number of cases referred for treatment	793	757
Number of cases transferred between clinics while on the waiting list	102	72
Number of cases admitted for treatment	499	532
Number of cases failing to attend interviews	56	52
Number of cases where Speech Therapy was unnecessary	120	149
Number of cases discharged	506	361
Number of cases on the waiting list	487	369
Number of interviews with parents or guardians	1,608	1,449
Number of schools visited	38	49
Number of homes visited	27	17
Number of visitors to the clinic	41	32

CHILDREN UNDER TREATMENT — CLASSIFICATION OF DEFECTS

	1960	*1959*
Alalia	3	1
Dyslalia	619	514
Sigmatism	111	91
Rotacism	2	—

Rotacism and Vowel Distortion	1	—
Stammer	271	281
Stammer and Dyslalia	37	44
Stammer and Sigmatism	10	14
Stammer and Rotacism	1	—
Stammer and Dysphonia	1	—
Clutter	1	—
Clutter and Rotacism	—	1
Clutter and Dyslalia	2	—
Language Retardation	6	28
Language Retardation and Dyslalia	28	14
Dysphasia	6	5
Dysphasia and Dyslalia	—	1
Post-operative Cleft Palate	17	16
Cerebral Palsy	3	5
Dysarthria	3	—
Dysarthria and Dyslalia	1	—
Hyper-rhinolalia	14	4
Hyper-rhinophonia	3	4
Hyper-rhinophonia and Sigmatism	—	1
Hyper-rhinophonia and Stammer	1	—
Hyper-rhinophonia, Stammer and Dyslalia	1	—
Hypo-rhinophonia	2	1
Mixed Nasality	1	1
Dysphonia	3	4
Dysphonia and Sigmatism	2	1
Dysphonia and Dyslalia	1	—
Partially Deaf	10	11

SOURCES OF REFERRAL

	1960	*1959*
School Doctors	419	328
Birmingham Children's Hospital	15	25
Selly Oak Hospital	4	3
Dudley Road Hospital	2	—
Moseley Hall	1	—
General Practitioners	6	6
Aural Clinic	7	6
Heads of Schools	185	165
School visits by Speech Therapists	86	127
Head of Junior Training Centre	2	—
Child Guidance Clinics	16	22
Remedial Teachers	4	—
Parent Guidance Clinic	—	1
Parents	33	28
Public Health Department	8	30
Children's Department	1	—
After-Care Officers	1	9
N.S.P.C.C.	—	1
Residential Homes	2	6
Transfer from Gloucestershire County Council	1	—
TOTAL	793	757

REASONS FOR DISCHARGE	*1960*	*1959*
Cured	195	140
Speech very much improved	72	73
Speech improved	40	1
Discharged to other clinics outside the city	3	4
Speech Therapy unnecessary	24	12
Referred to Child Guidance Clinics	22	12
Failed to attend	70	51
School leavers whose speech had very much improved	8	14
School leavers whose speech had not improved	1	2
Left Birmingham district	5	8
Transferred to Special Schools	13	12
Referred to Birmingham Children's Hospital	4	2
Discharged to other clinics within the city while under treatment	40	27
Deceased	—	1
Parents refused treatment	3	2
Referred for Lip Reading	2	—
Unable to benefit from treatment	4	—
TOTAL	506	361

ATTENDANCES AT SPEECH CLINICS	*1960*	*1959*
Birchfield Road	2,086	1,834
Dame Elizabeth House	1,808	2,024
George Road	1,591	1,715
Handsworth	1,081	1,329
Harvey Road	120	—
Kings Heath	2,650	1,747
Kingstanding	658	204
Lea Hall	1,100	1,173
Maas Road	572	—
Moseley Road	543	915
	12,209	10,941

TUBERCULOSIS

Dr. V. H. Springett, Medical Director of Birmingham Chest Services, reports:—

" Notifications

Notifications of tuberculosis in children of school age (5—14 years) were in 1960 rather more numerous than in 1959, the figures being 84 in 1960 compared with 52 in 1959. The total of 84 in 1960 is, however, less than in 1958 or any earlier year. In pre-school ages also, the total of 62 in 1960 was greater than in 1959; the totals are in fact becoming so small year by year that some fluctuation in the general downward pattern is to be expected.

Deaths

There were no deaths from tuberculosis in children of school age, nor in children of pre-school age.

Contact Examinations

The number of children routinely examined as contacts of other individuals with tuberculosis increased fairly considerably to 1,784 from 1,146 in 1959. This may be partly due to the increase that has occurred in notifications generally in 1960, but this does not account for all the increase. The importance of contact examination is shown by the fact that amongst 146 children age 0—14 notified as suffering from tuberculosis, 55 per cent were contacts of another identified case, though not all were found as a direct result of the contact examination scheme.

Sanatorium Treatment

As would be expected from the increase of notifications the total number of children admitted for treatment was greater in 1960 than in 1959. There were 103 admissions to Yardley Green Hospital, and 68 admissions of Birmingham children to Kyre Park Hospital, Tenbury Wells, a total of 171 compared with 117 in 1959. At both hospitals, the very satisfactory arrangements for education of child patients were continued unchanged.

Table 1

BOYS AND GIRLS ANNUAL NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS IN CHILDREN OF SCHOOL AGE OR LESS

	Notifications			*Totals*	*Deaths*
	0—4 Years	*5—9 Years*	*10—14 Years*	*0—14 Years*	*5—14 Years*
1936-40	65	41	34	140	21
1941-45	78	44	36	158	22
1946-50	95	66	52	213	16
1951	96	82	41	219	8
1952	94	84	71	249	4
1953	99	115	69	283	3
1954	82	66	74	222	3
1955	74	86	69	229	3
1956	85	62	54	201	1
1957	42	51	44	137	0
1958	69	44	59	172	2
1959	47	22	30	99	0
1960	62	46	38	146	0

Table 2

BOYS AND GIRLS NOTIFICATIONS AND DEATHS FROM PULMONARY AND NON-PULMONARY TUBERCULOSIS

	Pulmonary		*Non-Pulmonary*		*All Forms*	
Age Groups	*Cases*	*Deaths*	*Cases*	*Deaths*	*Cases*	*Deaths*
0—4 years	55	0	7	0	62	0
5—9 years	38	0	8	0	46	0
10—14 years	35	0	3	0	38	0
TOTALS ..	128	0	18	0	146	0

MEDICAL RESEARCH COUNCIL

Dr. Mitchell reports:—

" Clinical Trial of B.C.G. and Vole Vaccines

The intensive phase of follow-up of participants in the Vaccines Trial, which included an annual home visit by a Visitor on the staff of the Health Authority prior to voluntary attendance for Annual Chest Radiograph, closed on the 30th September, 1960.

Following arrangements made via Regional Hospital Boards and with the authorities of Scotland and Northern Ireland, the first of a series of quarterly returns designed to provide a continued follow-up are now being received by the Tuberculosis Research Unit, Holly Hill, Hampstead, London, N.W.3. The yearly postal questionnaires which these young people have been asked to return throughout the Trial will also be continued for a further period.

The quarterly returns give details for the age group concerned covering notifications on account of all forms of tuberculosis and of those who come under clinic surveillance as possible cases of tuberculosis or sarcoidosis. A separate return gives the names of those within this age group who have received B.C.G. vaccination.

It is hoped, in particular, that an assessment of the duration of protection afforded by these vaccines given some nine years ago will be possible.

In accordance with these arrangements the Field Unit in Birmingham will be closing on 25th March, 1961. In looking forward to your continued co-operation may I, on behalf of the Secretary (Mrs. N. Newton) and staff of the Unit, express my sincere appreciation of the help given by all connected with the Trial without whose co-operation the completion of the intensive phase of follow-up would not have been possible."

B.C.G. VACCINATION

Number of schools (within the scheme)	182
Number of visits to schools	364
Number of clinics held at Public Health Department for children who were absent at time of visit to schools	16
Number of parents approached	16,784
Number of parents who accepted B.C.G. for their children ..	14,239
Number of parents who refused B.C.G. for their children ..	2,545

Children Fully Mantoux Tested	*Number Positive*	*Number Doubtful*	*Number Negative*	*Number Vaccinated*
13,975	1,253	56	12,666	12,597

1 IN 10 SAMPLE TESTING ONE YEAR AFTER VACCINATION

Number Tested	*Number Converted*	*Number Not Converted*
655	617	38

Children who had previously been vaccinated and given Mantoux test at school:

Mantoux Tests	*Positive*	*Negative*	*Failed for Reading of Test*
31	26	4	1

During the year we Mantoux tested the staff of a school at the request of the Headmistress:

18 were Mantoux tested.
12 gave a positive result.
4 were vaccinated with B.C.G.
2 failed to attend for reading of test.

School Children *X* Rayed During 1960

All children who gave a positive reaction to Mantoux tests were offered *x* ray appointments:

Appointments given were 1,253 (of these 672 were strongly positive).
9 children who were notified had received *x* ray examination following positive reaction to Mantoux test:
8 were referred to the Chest Clinic.
1 child had negative *x* ray following Mantoux test, and was notified later in 1960.

As the result of an active case of pulmonary tuberculosis attending a Secondary Modern School, 34 *x* ray appointments were offered to children whose parents had refused Mantoux tests and B.C.G. vaccination, and 6 appointments were offered to children who failed to attend for the reading of the Mantoux test, before leaving for Switzerland with the school on holiday:

Of these 40 *x* ray appointments: 36 attended.
35 were normal.
1 was referred to the Chest Clinic.

Notifications of School Children During 1960

2 children notified in 1960 were Mantoux positive in 1959.
2 children „ „ „ „ „ „ „ 1958.
2 children „ „ „ „ „ „ „ 1957.
1 child „ „ „ „ „ „ „ 1956.
2 children „ „ „ „ „ „ „ 1955.

1 child vaccinated with B.C.G. in 1954 was notified in 1960.
3 children „ „ „ „ 1955 were „ „ 1960.
1 child „ „ „ „ 1958 was „ „ 1960.

Colleges of Further Education

Number of Colleges within the scheme 12
Number of visits to colleges 4
Number of clinics held at the Public Health Department .. 8
Number of signed permission cards received 292

Students Fully Mantoux Tested	*Number Positive*	*Number Negative*	*Number Vaccinated*
245	88	157	157

Number of students previously vaccinated with B.C.G. Mantoux tested:

Mantoux Tested	*Positive*	*Negative*	*Failed for Reading*
4	1	1	2

MASS RADIOGRAPHY SURVEYS

Dr. L. A. McDowell, Medical Director, reports:—

"During 1960, children were *x* rayed by full-sized films, in accordance with the recommendation of the Interim Report of the Adrian Committee on Radiation Hazards. This being a slow procedure, only tuberculin-positive children were *x* rayed and, consequently, the numbers examined in 1960 were much lower than in previous years.

1,335 tuberculin-positive children were *x* rayed (697 boys and 638 girls). 11 of these children were assessed at the Chest Clinic as having active tuberculosis. This gives a prevalence of 8.2 per thousand, which, although a high figure, is to be expected in a group who have been exposed to tuberculosis infection. 17 children had inactive tuberculosis but were under the care of the Chest Clinic. There were small, inactive shadows in 71 other children. 12 children had non-tuberculous abnormalities of some kind.

In addition to the routine examinations, 32 girls who had been in contact with a pupil with tuberculosis were *x* rayed. 2 of these were found to have active disease.

The latest report of the Adrian Committee, after consideration of the evidence, has now decided that children may be *x* rayed by mass radiography technique. It is hoped during 1961 to be able to revert to the previous procedure of *x* raying, not only tuberculin-positive children, but those children whose parents have not consented to their being tuberculin tested or receiving B.C.G."

CHILD GUIDANCE SERVICE

Effects in Treatment in Wake Green Hostel for Maladjusted Boys

Dr. C. L. C. Burns, the Senior Psychiatrist, reports:—

"Introduction

The Wake Green Boys' Hostel was opened in 1952 to house 12 boys, of ages between 11 and 15+.

It consists of a moderate sized house of suburban type, with half an acre of ground, in a residential district of Birmingham. A large hut was built on, divided into two: one for games, the other for hobbies. It has a patch of woodland and an adjoining field, beside the garden.

It is staffed by a Warden and his wife together with two assistants, one female and one male. There has been one change of Warden in 8 years. One of the Wardens had Approved School experience as a teacher, the other, experience in a good Remand Home.

The boys attend mostly one Secondary School in the neighbourhood. One or two have attended Technical Schools. They are allowed home on Sundays, with occasional nights as well, in suitable cases. They have three weeks' holiday by the sea.

The parents are, of course, encouraged to visit the Hostel, and the Warden often visits the home. Psychiatric Social Work with the parents is not systematically carried on, except in certain cases where there is already a strong link with the clinic.

As regards psychiatric supervision, I have been in the habit of visiting fortnightly, having tea with the boys, and discussing cases with the Warden. Only occasionally do I see individual boys, or have them attending the clinic. On the whole it seems best not to single boys out for individual attention.

Types of Cases

The main consideration which governs admission to the Hostel is, of course, that removal from home becomes imperative; either through frank rejection, hopeless mismanagement, or some type of incompatibility. What determines the choice of Hostel rather than residential school is partly age — since it is difficult to find schools which will admit boys over 11 or 12. The type of problem of behaviour also tends to be less complex, and perhaps reactive rather than neurotic. Often it would be difficult to explain the decision, except by invoking the kind of 'hunch' that one acquires by experience. Most cases had attended a Birmingham Child Guidance Clinic for varying periods. Some are on Probation as well.

Facts and Findings

I have provided a sheet of tables giving a rough analysis of some of the factors in the 33 cases with which we are concerned. These have been selected out of a total of 63 admissions to date, by including only those admitted between 1952 and 1957; eliminating those with a very short stay, and those where follow-up has not been possible. The follow-up, carried out in September 1959, was for a period from two to five years after discharge. It was done by direct contact, by first hand information, or by letter.

It will be noted that the chief presenting symptoms are those of behaviour, chiefly stealing, with a surprising number of truants. This does not, of course, mean that there were not other symptoms of neurosis; encopresis, insomnia, phobic symptoms, etc.

The family backgrounds speak for themselves.

With regard to types of personality I have, diffidently, and in inverted commas, labelled half of them as 'psychopathic'.

We know that it is a matter of opinion as to what constitutes 'psychopathic' persons in adults; except that they are sufficiently 'sociopathic', and lacking in moral sense, to form an administrative group — in the same way as we create a group of 'maladjusted children'.

Results

The following table shows the results, as far as possible up to date, of cases admitted between 1952 and 1957.

Satisfactory	11	33 per cent
Partial improvement	9	27 „
Unsatisfactory	6	18 „
In Approved School, etc.	7	22 „

N.B.— Two of the 'satisfactory' cases have been through Approved School training.

Three old cases have made an attempt at suicide.

It need hardly be said that results as estimated are bound to be temporary, relative and tentative. Many of the cases are still at a critical age where they may eventually make good and settle down, or fall the other way.

What is gratifying is the number of old boys, even from among the less satisfactory, who keep in touch and visit the Hostel; finding there the support and encouragement which they still need.

The Wardens have been zealous in procuring suitable jobs where possible, though many of these boys tend to drift from one job to another.

It is also worth mentioning that I have visited three of the boys still at Approved Schools who were considered neurotic and difficult cases, and all three are adjusting remarkably well.

I think it would be very difficult to relate success or failure to the multiple and complex factors in each case. In the case of some of the boys who have ended up in Approved School, the fault appeared to lie more in the boy's personality than in the home. On the other hand, in the case of boys who have made good, the home background is often no more favourable than with others, but they are seen to possess a certain strength of character which prevails over circumstances given some help at a crucial period.

No one would claim that results are brilliant, but we are becoming more aware of the limitations of our craft, and realising that our chief job is still to give help when help is needed, and do the best we can in the circumstances.

Discussion

1. The main object of Hostel treatment is to build up or restore relationships between the boys, their families, and the community, which have either never been satisfactory or have been gravely impaired. In these cases it had been found, after a trial of varying length, that such a task was next to impossible while the boy remained at home.

2. The question that arises is whether the Hostel idea in itself is a good one, and whether it justifies itself by results. There are advantages, and disadvantages, in having boys going out to school, living in their home-town, and having frequent contact with parents.

   Given adequate selection and good personnel, it would appear that such a Unit is worthwhile.

3. Another question is by what means more effective results might be secured. The main therapeutic agent is of course the whole group in the Hostel itself and its way of life. How far are accessory methods necessary or advisable, such as continued work with parents by P.S.W.'s systematic therapy — group or individual?

4. Follow-up, and after-care, are essential. In some cases, indeed in many, the provision of working boys' hostels would be highly advantageous. While many of the boys are not fit to go home at fifteen, or the home is unfit for them, it would not be advisable to have working boys mixed with school boys.

5. I would say that perhaps the most important lesson in dealing with this type of case — where there is rejection, disturbed home background, separation, etc.— is that, with adequate residential treatment, including in some cases Approved School, there is a good chance that a maturation factor will begin to operate, apparently about 18 or 20, with consequent improvement and increasing stability. Therefore our treatment — however empirical and ad hoc — of those whom we may roughly style 'potential psychopaths' is justified in the expectation of this turning point in their lives.

FACTORS IN 33 CASES

1. Chief presenting complaints:

Stealing	18
Truanting	11
Beyond control	9
Tics	4
Encopresis	2

2.	Treatment prior to admission:	
	Child guidance from 3 months to 3 years	27
	In School for Maladjusted Children	8
	In Child Psychiatric Hospital	4
3.	Factors in family:	
	Mental illness	5
	Instability; Psychopathy	7
	Mother absent	5
	Father absent	2
	Step-parent	5
	'Emotional disturbance'	26
4.	Factors in early history:	
	Early separation	5
	Early physical invalidsm	6
	Spoiling and inconsistency	6
	Illegitimate or fostered	3
5.	Type of personality:	
	I. Q. 90-120	23
	I. Q. 75-90	10
	'Normal types'	7
	'Psychopathic' (immature, unstable, asocial)	17
	Depressive	2
	Schizoid	1
	Hysteric	3
	Very dull	3

Mr. J. W. Bannon, Senior Educational Psychologist, reports:—

" The most striking feature of the appended statistics is the 70 per cent increase in waiting lists during the year which closed with 152 pupils awaiting a first appointment. The numbers referred to the three clinics rose by only 7 per cent from the previous year. The main reason for the great increase in waiting lists was loss of staff during the year and failure to find replacements. Kings Heath Clinic was, in fact, left with only the part-time psychiatrist and one typist. The psychologist there was appointed to a University post, one Psychiatric Social Worker left for America for further studies on a Fullbright Scholarship, and the other Psychiatric Social Worker and one typist resigned for maternity reasons. The staff of the Central Clinic had to be depleted to enable the Kings Heath Clinic to continue to function. At the beginning of 1961 the prospects of replacing the psychiatrists and Psychiatric Social Workers are very remote indeed and the outlook is still further unsettled by the pending retirement at Easter 1961 of another Psychiatric Social Worker.

The decrease in full-team treatments from 527 to 455 necessitated by psychiatric and Psychiatric Social Worker shortages has enabled the psychologists to undertake more work in schools particularly in

co-operation with the Remedial Teachers. The appointment of an additional psychologist at the beginning of the year to work mainly in the schools has obviated the necessity of referring to the clinic many children who might otherwise have increased the waiting lists still further. Of the 267 children she dealt with in school only 24 were referred by her for further investigation to the clinics. Of the remaining 243 she assessed 90 as requiring special education in schools for E.S.N. children. 153 were dealt with within the school situation. The first year of this type of work indicates great scope for preventive measures provided sufficient psychological staff is available. Plans for the development of the service have centred on full team-work in the clinics. Such development is hampered by psychiatrist and Psychiatric Social Worker shortages but if the appointment of the planned number of psychologists could be proceeded with the preventive field could be developed. It might be possible then to 'screen' in school all cases referred by Head Teachers and School Medical Officers, treat some within the school, and thus reduce considerably the demands on the clinics.

The establishment of peripatetic Remedial Teachers was increased from six to nine during the year, though the strength was reduced to eight by secondment for a year's professional training at Guy's Hospital of one of the teachers who has taken a degree in Psychology. In all, 38 schools made use of the service. Requests were received from many more Head Teachers for help in surveys and advice on reading schemes but shortage of staff rendered it impossible to meet every demand. While rapid progress was made by a great number of retarded pupils who received special help, a very great problem remains to be solved. In general, it is probably true to say that the provision of special help for a maximum of three periods per week is quite insufficient with the great numbers of children in the 75—85 I.Q. range who are well below average in reading. These children require full-time 'special educational treatment' in their own primary or secondary schools but staffing and accommodation make such provision impossible. The limited help available from the peripatetic Remedial Teachers with this problem has, however, been appreciated by many Head Teachers.

On waiting list at 31.12.59	90
Sources of Referral:	
Parents	79
School Medical Officers	160
General Practitioners	64
Hospitals, etc.	17
Head Teachers	224
Probation Officers	56
Other agencies	226
	916

Reasons for Referral:

Behaviour problems	421
Nervous symptoms	84
Habit disorders	88
Educational problems	123
Multiple problems	110
	826

Seen (668):

Accepted for regular treatment	455
Clinic diagnosis, advice and periodic supervision	213

Not Seen (248):

Failed to attend	96
On waiting list at 31.12.60	152
	916

Cases Closed During Year:

Improved	282
Placed away from home	44
Did not materialise	96
Other reasons (*e.g.*, no improvement, no co-operation, left district, etc.)	135
	557

Assessments in Primary and Secondary Schools (402):

Assessed as E.S.N. (61½%)	249
Not E.S.N. (38½%)	153
	402

Assessments in Special Schools:

Tested in connection with Section 57 of the Education Act, 1944	213
Tests of Partially Hearing children	52
Terminal and other tests	49
	314"

INFECTIOUS DISEASES AND IMMUNISATION AGAINST DIPHTHERIA AND POLIOMYELITIS

The school medical officers and nurses visit the schools for special investigation when cases of infectious diseases occur and appropriate action is taken. There is close co-operation with the Public Health Department and the notification of cases is passed on immediately by the Medical Officer of Health. Where indicated, a public health medical officer visits the schools for special investigation.

No school or department was closed during the year on account of infectious disease.

It is gratifying to report again that no single case of diphtheria occurred during the year. Nevertheless, it is important however to maintain the effort over immunisation if eradication of diphtheria as an indigenous disease in this country is to be brought about.

POLIOMYELITIS VACCINATION—SCHOOL CHILDREN 1960

Schools Under Education Department:

Children immunised by Public Health Department (1945—1955 age group):

Injections given in School		*Injections given*	
37 Senior Schools visited (25 of these were re-visited)		1st injections	1,090
		2nd injections	315
6 Special Schools 1 Open-Air School	These were re-visited	3rd injections	682
— Occupational Centres			
Residential Schools and Homes (33 visits over 12 months)			

Total visits made to schools and Residential Homes by Public Health Department	102
Total number of injections given by Public Health Department in school	2,087
School children also attended clinics held at the Public Health Department during school holidays, evenings and Saturday mornings to receive:	
2nd injections	775
3rd injections	8,226
	9,001
Total number of injections given by Public Health Department ..	11,088

School Children Immunised by General Practitioners:

Two Injections	
1945—1955 age group..	4,076
Third (Supplementary) Injection	
1945—1955 age group..	13,292
Total number of injections given to school children by General Practitioners:..	21,444
During 1960 injections given to school children by Public Health Department and General Practitioners:	
GRAND TOTAL	32,532

POLIOMYELITIS IMMUNISATION 1960

Number of individuals who received two injections (and Supplementary) against Poliomyelitis during year.
(Age groups 1933—1960 plus adults).

Year Immunised 1960	1960 (*6 months old*)	1959	1958	1957	1956	1955	*Total*
P.H. Dept. (2nd injection)	567	2,314	679	259	192	122	4,133
G.P's. (2nd injection)	637	4,887	2,605	930	566	450	10,075
P.H. Dept. (3rd injection)	1	1,101	1,519	829	738	669	4,857
G.P.'s. (3rd injection)	—	2,331	5,359	2,771	1,620	1,414	13,495

AGE GROUP: 6 months—5 years .. .. 2nd injections 14,208
3rd injections 18,352

Year Immunised 1960	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	*Total*
P.H. Dept. (2nd injection) ..	83	82	48	36	42	52	132	241	197	177	1,090
G.P's. (2nd injection) ..	628	594	387	351	343	323	350	363	411	326	4,076
P.H. Dept. (3rd injection) ..	699	905	849	736	768	763	926	1,179	1,143	940	8,908
G.P's. (3rd injection) ..	1,972	1,815	1,264	1,087	1,086	1,073	1,144	1,250	1,443	1,158	13,292

AGE GROUP: 6 years—15 years .. .. 2nd injections 5,166
3rd injections 22,200

DIPHTHERIA/DIPHTHERIA PERTUSSIS IMMUNISATION 1960

	Combined Diphtheria/Pertussis		*Diphtheria Only*		*Number of Sessions*	
	Completed Primary	*Reinforcing*	*Completed Primary*	*Reinforcing*		
Infant Welfare Centres ..	4,013	—	308	2,385	668	Total Number of Sessions 1,509
Day Nurseries ..	186	—	5	65	186	
Institutions ..	70	—	72	63	82	Individual Injections for Year 27,586 (given by P.H. Dept. only and including unfinished cases)
Schools	—	—	2,171	4,913	558	
Council House ..	78	—	113	122	15	
General Practitioners ..	10,483	1,786	291	1,938	—	
TOTAL ..	14,830	1,786	2,960	9,486	1,509	

TOTAL COMPLETED PRIMARY .. 17,790
TOTAL REINFORCING .. 11,272

DIPHTHERIA/DIPHTHERIA PERTUSSIS
NUMBER OF CHILDREN WHO COMPLETED A PRIMARY COURSE IN 1960

Year of Birth		1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	*Total*	*Adults*
Infant Welfare Centres	F.T.	11	47	44	36	28	41	53	30	10	2	1	3	1		1	308	
	D.P.P.	1,304	2,071	340	162	98	36	2									4,013	
Day Nurseries	F.T.		2		1		2										5	
	D.P.P.	33	110	23	11	7	2										186	
Institutions	F.T.	1		1	2	3	5	3	4	2		3	8	16	16	8	72	5
	D.P.P.	9	27	11	13	7	1	2									70	
Schools	F.T.			1	21	68	558	874	413	175	31	9	7	6	3	5	2,171	3
	D.P.P.																	
Council House	F.T.				2	9	35	37	14	12		1		1	1	1	113	1
	D.P.P.	39	31	6	1			1									78	
General Practitioners	F.T.	47	84	32	25	30	20	21	8	10	4	4	1	2	1	2	291	5
	D.P.P.	3,628	5,601	731	241	125	66	38	22	13	9	3	3	1		2	10,483	
TOTAL	F.T.	59	133	78	87	138	661	988	469	209	37	18	19	26	21	17	2,960	14
	D.P.P.	5,013	7,840	1,111	428	237	105	43	22	13	9	3	3	1		2	14,830	
COMBINED TOTAL Diphtheria and Diphtheria/Pertussis		5,072	7,973	1,189	515	375	766	1,031	491	222	46	21	22	27	21	19	17,790	14
		Under 1 year 5,072	1—4 years 10,052				5—14 years 2,666											

DIPHTHERIA/DIPHTHERIA PERTUSSIS
NUMBER OF CHILDREN GIVEN REINFORCING INJECTIONS IN 1960

Year of Birth		1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	*Total*	*Adults*
Infant Welfare Centres	F.T.				1	966	1,200	105	48	52	6	2	1	2	1	1		2,385	
	D.P.P.																		
Day Nurseries	F.T.					19	46											65	
	D.P.P.																		
Institutions	F.T.					8	15	2	5	5	3	4	4	5	6	5	1	63	3
	D.P.P.																		
Schools	F.T.					286	1,991	1,704	986	271	26	13	9	12	8	6	1	4,913	2
	D.P.P.																		
Council House	F.T.					16	64	20	10	9			1		2			122	
	D.P.P.																		
General Practitioners	F.T.					464	1,115	222	73	21	11	14	8	3	1	6		1,938	5
	D.P.P.				1	408	1,059	162	63	23	19	21	13	9	1	3	4	1,786	4
TOTAL	F.T.				1	1,759	4,431	2,053	722	358	46	33	23	22	18	18	2	9,486	10
	D.P.P.				1	408	1,059	162	63	23	19	21	13	9	1	3	4	1,786	4
COMBINED TOTAL Diphtheria and Diphtheria/Pertussis					2	2,167	5,490	2,215	785	381	65	54	36	31	19	21	6	11,272	14
					0—4 years 2,169		5—14 years 9,103												

INFECTIOUS DISEASES AMONG SCHOOL CHILDREN 1960
CONFIRMED CASES

Disease	*Sex*	5—9 *years*	10—14 *years*	*Total*
Diphtheria	M	—	—	—
	F	—	—	—
Dysentry	M	42	29	71
	F	48	20	68
Acute Infectious Encephalitis	M	—	—	—
	F	3	1	4
Post Infectious Encephalitis	M	2	1	3
	F	—	—	—
Erysipelas	M	3	—	3
	F	—	2	2
Food Poisoning	M	7	32	39
	F	5	5	10
Malaria	M	—	—	—
	F	—	—	—
Measles	M	330	8	338
	F	284	11	295
Meningococcal Infection	M	—	—	—
	F	—	—	—
Paratyphoid Fever	M	—	—	—
	F	—	—	—
Poliomyelitis Paralytic	M	2	—	2
	F	1	—	1
Poliomyelitis Non-paralytic	M	—	—	—
	F	2	—	2
Pneumonia	M	12	5	17
	F	5	—	5
Scarlet Fever	M	201	47	248
	F	173	63	236
Smallpox	M	—	—	—
	F	—	—	—
Typhoid Fever	M	—	—	—
	F	—	—	—
Whooping Cough	M	319	15	334
	F	347	28	375
Tuberculosis Respiratory	M	20	16	36
	F	18	19	37
Tuberculosis Non-respiratory	M	3	3	6
	F	5	—	5

DEATHS FROM ALL CAUSES

DEATHS AMONG SCHOOL CHILDREN (5—14 YEARS)

Causes of Death		
Influenza	Male ..	—
	Female ..	—
Cancer, Digestive Organs and Peritoneum	Male ..	—
	Female ..	—
Cancer, Other Organs	Male ..	6
	Female ..	2
Cerebral Haemorrhage, etc.	Male ..	—
	Female ..	1
Other Nervous Disorders and Sense Organs	Male ..	4
	Female ..	3
Heart Disease	Male ..	1
	Female ..	1
Aneurysm	Male ..	—
	Female ..	1
Pneumonia (all forms)	Male ..	2
	Female ..	1
Other Respiratory Diseases	Male ..	—
	Female ..	—
Acute and Chronic Nephritis	Male ..	—
	Female ..	2
Congenital Debility, Premature Birth, Malformations, etc.	Male ..	3
	Female ..	1
Suicide	Male ..	—
	Female ..	—
Other Violence	Male ..	17
	Female ..	5
Other Causes	Male ..	2
	Female ..	2
	TOTAL ..	54

DEATHS AMONG SCHOOL CHILDREN (5—14 YEARS) DUE TO ACCIDENTS

Sex	*Age*	*Cause of Death*
M	8 years	Traumatic cerebral haemorrhage and laceration. Passenger in motor car in collision with stationary motor lorry.
M	7 years	Compound fracture of skull. Pedal cyclist falls from cycle and collides with motor car.
M	13 years	Asphyxia due to hanging. Experimenting with gallows in bedroom and accidently hanged himself.
M	5 years	Multiple fractures of skull and laceration of brain. Tricycle rider collides with motor lorry.
M	13 years	Subdural haemorrhage and contusion of brain due to fracture of skull. Pedal cyclist collides with motor car.
M	12 years	Vagal inhibition following vomit after cerebral contusion and ruptured liver. Fell down steep embankment into dried up sewer.

M	7 years	Cardiac arrest due to multiple injuries including rupture of right kidney and liver. Tricycle rider collides with motor car.
M	9 years	Asphyxia due to drowning. Fell from boat on lake.
M	12 years	Fractures of skull. Pedal cyclist collides with motor lorry.
F	8 years	Ruptured liver and congestion of the lung. Pedestrian collides with motor car.
M	6 years	Brain injury due to fractured skull. Pedestrian collides with motor car.
F	8 years	Asphyxia due to inhalation of blood from fractured mandible. Pedestrian collides with motor lorry.
M	6 years	Crush injury of left chest including fractured ribs. Pedestrian knocked down by motor car.
M	10 years	Shock and haemorrhage. Multiple fractures: skull, spine, rupture of lung. Pedestrian collides with motor car.
F	5 years	Staphylococcal pyema due to acute periostitis of right tibia. Believed to have sustained kick to leg at school.
F	13 years	Drowning.
F	12 years	Drowning.
M	6 years	Head injury. Pedestrian collides with unknown motor vehicle.
M	6 years	Drowning.
M	14 years	Shock due to being struck by lightning.
M	11 years	Cerebral laceration, fractured skull. Pedestrian collides with motor car.
M	7 years	Murder.

It is sad to note that the overall number of deaths in this age group due to accidents has risen this year. The wastage of precious young lives continues to give rise to much concern and the details of the causes are set out in the hope that thought is given to their prevention. There is need for making parents aware of unnecessary dangers at home. This is ably undertaken by the Royal Society for the Prevention of Accidents, the Birmingham Accident Prevention Council and the Birmingham Accident Committee.

Street accidents also take their toll. Through Home and Road Safety Exhibitions, Junior Cycle Rallies, Safe Driving Competitions, "The Safety Campaigner" (the official organ of the Birmingham Accident Prevention Council), and the circulation of leaflets, a very strong bid is being made to reduce the number of deaths and injuries resulting from accidents. An appeal is made to every parent of a young cyclist to arrange for his child to be properly trained.

Moreover, Head Teachers, some of whom are members of the Birmingham Accident Prevention Council, have for many years included road safety as part of the curriculum in schools.

The Ministry of Education has issued a revised version of its pamphlet "Safety Precautions in School," which was first published in 1948. The pamphlet is intended not only as a guide to teachers but also as an introduction to the problems of safety precautions in teacher-training colleges.

INSTITUTE OF CHILD HEALTH

Professor Douglas Hubble reports:—

"The Nuffield Building for the Institute of Child Health, which has been provided by the Nuffield Provincial Hospitals Trust, is progressing towards completion. By the time these words are printed I hope that the building will be finished and partially occupied. I shall be glad to show anyone round the building who may be interested to see it. It is hoped that the equipment of the Institute will be provided by the University Grants Committee. Control of the Nuffield Building is to be vested in the University of Birmingham.

Certain projects have already been started which will be part of the day to day activities of the Institute, and which will carry out, it is hoped, the concept of the Nuffield Provincial Hospitals Trust that the Institute should be a place where all those concerned with the welfare of children would be able to meet, plan joint projects, and have a much closer association than has been possible in the past.

Among the projects which have been planned is a survey of epileptic children under the age of 5 years and this has already been initiated with the co-operation of the College of General Practitioners. The help of the City of Birmingham Maternity and Child Welfare Department has been sought in regard to the collection of patients suffering from infantile spasms. This is a dangerous disorder occurring in the first six months of life in which irremediable mental damage occurs unless prompt treatment is given to the child. A clinic for adolescents has already been started with the help of the general practitioners and the School Health Service. Chromosomal studies have commenced on educationally sub-normal children in St. Francis' School, Monyhull Hall Road, Kings Norton, in conjunction with Dr. R. J. Stanley and Dr. A. H. Cameron.

Monthly clinical meetings of Maternity and Child Welfare and School Medical Officers are already being held at the Children's Hospital and these will be held in the Institute. It is hoped to arrange regular case conferences between the hospital staff, the patient's family doctor, the school teacher, the health visitor, the lady almoner, and the child psychiatrist and so on, in order that a comprehensive survey of a particular child's problem might regularly be made.

The Institute will contain a conference room, a library, office accommodation, and some laboratories on the top floor. Work in the laboratories will be concerned, it is hoped, with:

1. Problems of growth and an assay of growth hormone. A Research Fellow, paid for by the Institute, is already working on an assay of growth hormone and it is expected that this will be available for research into the clinical problems concerned with growth during the next few months.

2. Study of medical genetics. A Research Associate is already engaged in cytological work with chromosomes and it is hoped that her work will be expanded so that eventually there will be a Department of Medical Genetics in the Institute. This Department will be concerned not only with the study of chromosomal abnormalities but also with genetic studies of the families in whom inherited abnormalities occur.

3. Problems of steroid metabolism. A Research Associate is already engaged on a new method of aldosterone assay and it is probable that during the next years or so the steroid researches will be mainly concerned with aldosterone, which is one of the growing points of medicine and paediatrics today.

The generous grant of £1,000 a year which is provided by the City of Birmingham Education Committee, goes towards the support of these researches and investigations; and the knowledge that the work of the Institute has the support, the encouragement and the co-operation of the School Health Service, is very stimulating to the staff of the Institute."

PHYSICAL EDUCATION

Report of Organising Inspectors of Physical Education, 1960.

" There can be no doubt that physical education in schools makes a substantial contribution to the health of the school child, but it is a matter of some regret that this contribution cannot be accurately and objectively assessed. It remains as a factor measured only by the observation of medical staff, teachers and parents, and others who, because of long experience are in a position to compare the physical growth and efficiency, as well as the bright and interested outlook of the modern school child with his predecessors of a generation ago. No doubt some regard can be paid to higher standards of performance in the various sports and games, where improvement and progress may be indicated in records and record-breaking, but it would be misleading and unfair to gauge the general improvement in well-being or physical efficiency on the evidence provided by the comparatively few outstanding athletes and games players. It is preferable, in our view, to take note of the much larger numbers of pupils who now actively engage in the very wide range of physical activities which comprise the physical education programme offered to boys and girls by Birmingham schools.

The indoor lesson in the gymnasium or hall, lessons on playgrounds and playing fields, and swimming instruction at the baths continue to supply the basis of a sound physical education for pupils, and while there remain difficulties of inadequate and sometimes unsuitable spaces for these purposes, as well as the time consuming factor

of travel to fields and baths, nevertheless it may truthfully be stated that the vast majority of boys and girls are being actively and regularly taught purposeful and healthy activities by their teachers. In addition to this however, we now find that school club and societies are being formed to interest pupils and to provide them with opportunities for taking part in such recreational activities as mobile camping, mountaineering, canoeing, sailing, archery, judo, badminton, etc., and these are in addition to the already well established school clubs which cater for the major national sports and games. Many pupils take part in more than one of these activities but it is certainly not true to say that interest comes only from a select section of the school population which possesses natural physical prowess. There is a spread of interest and ability throughout the schools as a whole, and most boys and girls are attracted to at least one activity. Throughout the past year there seems to have been an acceleration in the increase of provision of activities of this kind, and we venture to say that in addition to the energetic activity of teachers this has been due to two influences. Firstly the impetus and encouragement given by the Education Committee through the continuation of Outdoor Pursuits and Country Pursuits Courses at Ogwen Cottage, and secondly by the attraction and challenge of the Duke of Edinburgh's Award Scheme.

The wide variety of activity now contained within the general sphere of physical education is a challenge to the interest and energy of the teaching staff in schools. Those teachers with a main responsibility for the subject and a special interest in it, have responded well, but there has also been a most encouraging degree of recreational activity promotion from teachers without special obligations to physical education. These teachers are usually the enthusiasts for a single activity in which they have personal interest and ability. Combining with the general educational background and other staff with special interests, they supply a degree of variety and an example of good standards in instruction and leadership which is highly commendable. It may be added that their efforts are all the more valuable while the shortage of specialist and semi-specialist teaching staff continues and in this particular connection we have to report that while the number of men teachers of physical education appointed during the past year shows an improvement over previous years and that in consequence the situation for boys is somewhat improved, the situation is not quite so good so far as women teachers are concerned where the difficulty of making up the shortage has, added to it, the problem of replacing those teachers who leave the city and the profession for personal rather than professional reasons.

Once again we have to report that a full programme of Teachers' Courses was arranged during the year and that all were very well attended. Almost all these courses were held out of school hours and

we have been glad to note that in spite of very many other commitments teachers have been keen and anxious to enrol.

The following list of the courses held reflects the variety of activities which are catered for in the schools:

The Judging of Athletic Events.
Course in Irish Dance for Men and Women Teachers.
Country Pursuits Course.
Basic Camping Craft.
Preliminary Course in Lightweight Camping.
Lightweight Camping Expeditions to Wales.
Advanced Scottish Dance leading to Certificate of the Royal Scottish Country Dance Society.
Association Football Refereeing.
Association Football Coaching.
Coaching of Girls' Hockey.
Swimming and Diving, Rules of Competition and the Duties of Officials.
Physical Education in Junior Schools.

On this occasion we do not propose to report on the provision of playing fields and their use or facilities for swimming. We have spent some time examining both these matters and have been giving particular attention to swimming facilities for pupils in Primary and Secondary Schools. We can only say that these points continue to engage our attention and we trust that it will be possible to report new progress in these matters in twelve months' time.

All other aspects of the development of provision for physical education are proceeding satisfactorily and we are glad to say that improvements are being made or about to be made in some of our older schools in the central areas. Many of these schools have a long tradition of successful participation in physical education activities and we hope that these improvements will be an encouragement to continue these traditions."

CAMP SCHOOLS

During the year 1960, a total of 1,506 children visited the three Camp Schools at Stansfeld, near Oxford, Bell Heath, Romsley and Bockleton, near Tenbury Wells. The only vacant period during the year was from 30th August—16th September at Bell Heath Camp School. During August, as in previous years, a party of German youths from Frankfurt-am-Main were entertained on an exchange basis. At Bockleton during the summer holidays, the Women's Voluntary Service organised a holiday camp lasting for 10 days for a group of needy children.

The usual arrangements were made for all the children to be medically examined before going to the Camps.

There was one minor outbreak of influenza at Bockleton when ten children were confined to bed. In addition, two children were returned home from Bockleton; one with shingles and one suffering from severe home-sickness, while another child was referred to the eye specialist at Tenbury Wells Hospital after a minor accident.

One child was taken to Bromsgrove Cottage Hospital from Bell Heath Camp School after breaking a wrist.

One child was brought back from Stansfeld by car after contracting a virus infection. Dr. Thomas examined a child at Stansfeld and, having diagnosed a suspected appendicitis, recommended that she should be seen by her own doctor on her return to Birmingham.

NURSERY SCHOOLS AND CLASSES

Number of Nursery Classes	27 (977 children)
Number of Nursery Schools	27 (1,128 children)

Dr. Lemin reports:—

" The year 1960 has seen a continuing policy of visits to the Nursery Schools and Nursery Classes in the company of the Deputy Superintendent School Nurse. As always the visits have given the most valuable opportunity of discussion with the nursery personnel concerning the health and welfare of the children in their care. These visits are in addition to the regular visits of a nurse and medical officer for the area, so that close personal liaison is maintained both at the clinic and centrally.

Where any infective condition has arisen early notification has been received and the closest co-operation between the School Health and the Public Health Services has been evident.

There appears to be continued need for the work of the Nursery School and the Nursery Class, particularly in the central areas and also some need arises in the outer areas where there are problems of the only child, and children whose family live with elderly relatives. In addition there is the difficulty of limited play space.

The value of the Nursery School/Class work in helping children to face the later world of school life especially where there have been disturbing factors, either physical, domestic or emotional, has again been made abundantly clear.

The general impression received during the visits is that the health of the children is satisfactory and that their welfare is well considered."

THE DODFORD NURSERY

CHILDREN'S HOLIDAY FARM

Dr. Dorothy M. Beaumont, who founded the Holiday Farm, in conjunction with the late Mr. & Mrs. Henry Cadbury in 1950, had prepared the following note before her death. The continued success of the Farm, and the many improvements made to the buildings, have been due almost entirely to the untiring energy with which Dr. Beaumont worked for it, and by the enthusiasm with which she inspired others both to work for it and to give generously towards its maintenance. Dr. Beaumont reported:—

"We are glad to be able to record another successful and happy years work by the Dodford Nursery Children's Holiday Farm. The Farm was purchased in 1950. Our aim is to provide a country holiday with plenty of good food in pleasant carefree surroundings for those of the city's children who would not otherwise have any holiday. A large number of these children come from Nursery Schools in the city's overcrowded inner ring. They are carefully selected by their schools and come in groups of ten to fifteen, accompanied by 3 or 4 members of their school staff. This year, children from eight Nursery Schools, one Primary School, one Day Nursery and one home for deprived children have stayed at the Farm. In addition several schools have brought their children on a day's outing to the Farm. Most of these groups come during term time and this leaves part of the school holiday periods free for us to take in some of the older, needy children. Most of these children are sent to us by social workers and school doctors to whom their backgrounds are well known. This year we have taken some children recommended by W.V.S. The fresh air, regular hours and good food do much to help these children and they go home looking much better for their stay in the country. Several of these children have become regular visitors and have come to rely on the Farm for their annual holiday.

Altogether a total of 378 children have visited the Farm this year. Of these 137 nursery children came for a day's outing. 167 nursery children, 13 infant school children, 14 Brownies with a total of 57 staff and helpers spent a week or longer at the Farm. 29 older unaccompanied children came for holidays of varying lengths, the majority being for a week, as did also 4 family groups.

The weather has not been good this summer but this has not stopped the children spending much of their time out of doors. Shortage of domestic help during the early part of the year made things very difficult for Mrs. Collins, our resident housekeeper, but she has, as usual, coped nobly and the schools have been loud in their praise of her cooking. We are thankful to say that the domestic problem now seems to be solved, and we would like to thank our

visitors for their patience and their help when things were particularly difficult.

Antioch College, Alabama, U.S.A., again asked us to take one of their students for part of her training with young children, and we have been glad to welcome Linda Turkel with us this summer. Besides being a very congenial young woman, Linda has proved herself very adaptable and helpful and we have all enjoyed her stay. The cost of her stay at the Farm was covered by a generous donation by Mr. & Mrs. G. Collins of Malvern.

A considerable amount of repairs and replacements have been undertaken this year. The old cow-house used by the children for play in the very wet weather still needs a new roof, and repairs to the walls and ceiling, this work will be carried out in the near future. The Guild of Undergraduates has given generously from its carnival funds for this purpose and has suggested that improvements also to be made to the cow-house floor.

In September of this year some members of the City of Birmingham Education Committee expressed a wish to visit the Farm and see more of its work at first hand, and we were glad to welcome Councillors Hobson and Merry together with Miss Caine, the Nursery Advisor and Mr. Bullock clerk to the Nursery Schools Sub-Committee to the Farm for an afternoon on 19th September. Also in September, the President and Secretary, and one other member of the Inner Wheel, paid a visit to the Farm. The Inner Wheel has from the very beginning taken an interest in the Farm and helped generously in many ways."

Medical Report from Drs. Munday, White and Elliott:—

" In spite of a summer which has fallen far below the standard set for us by 1959, the number of visits we have made to the Holiday Farm have been very infrequent. The medical news continued to be practically nil and only a few minor illnesses and injuries have been treated by ourselves during the summer.

We are impressed by the care the staff take of their charges and the happy atmosphere which always prevails there.

We trust our reports will continue to be negative in the future. We trust, however, that we shall see more sun-tanned children the next summer than has been possible this year.

With our best wishes for future continued success and expansion at Dodford."

REPORT ON THE WORK OF THE SCHOOL NURSING STAFF

Mrs. A. W. Ashworth, Superintendent School Nurse, reports:—

" During the year the pattern of the school nurses' work followed that of recent years. Planning and development of the work has been

governed by the needs of the individual clinic area and the number of staff available.

The staff situation remained static, any loss during the year was made good although the number of staff in post is still considerably below establishment.

By layering the work, described in the previous year's report and by good team work, all priorities in the service have been met and progressive work continues in the general field. Good co-operation on all sides has helped considerably to maintain the service, making the best use of all the skills available to help in the care of the health of the school child.

In-Service Training

During the year regular meetings of the clinic superintendents have taken place with the Superintendent to discuss policy and planning. These discussions form a valuable basis for exchange of ideas and help in resolving problems common to all areas, providing at the same time opportunities for personal contact with colleagues whom they would otherwise never meet because of the size of the city.

Discussion groups have been organised regularly for new and inexperienced members of staff during their first few months of service to enable them to prepare for their work in the service.

Two nurses sponsored by the Education Committee were successful in obtaining their Health Visitor's Certificate.

Nurses' Surveys

In addition to assisting the doctors at medical inspections most of the screening of school children is carried out by the school nurses, excepting new entrants, who are examined by the School Health Visitor as soon as possible after admission to school. The latter ensures early ascertainment of any defect needing referral to the school medical officer or family doctor.

Hygiene Surveys

These are carried out according to the needs of each district and during 1960 there were 286,302 examinations of children by the school nurses. All deviations from the normal standard of health and well-being were noted and followed up when necessary. There were 4,971 children referred for further investigation from these surveys either to the school medical officers or family doctors.

Vision Surveys

Priority is given to children in the primary age groups including children in Nursery Schools, as well as intensive follow-up of all known visual defects in all age groups.

During the year 55,236 children were tested; 44,153 of these were found with normal vision, 3,888 were kept under observation,

2,173 were referred to medical officers and 5,022 had visual defects already corrected by spectacles.

Follow-Up and Home Visiting

Much more time has been spent during the year by the School Health Visitors in this important aspect of their work. This is shown by the increase in home visiting. The close contact with school and home provides opportunities for dealing with difficulties as they arise, preventing the development of more serious problems.

Reason for Home Visit	*1956*	*1957*	*1958*	*1959*	*1960*
All forms of neglect (including verminous conditions)	870	1,345	1,393	1,782	1,966
Other environmental conditions	111	125	167	566	656
Behaviour problems ..	65	96	120	165	162
All medical defects (including the handicapped)	1,511	1,992	1,940	2,586	3,074
Health and Development Survey	37	88	—	—	7
No access visits (from all the above categories)	563	860	762	1,228	1,489
TOTAL ..	3,157	4,506	4,382	6,327	7,354

Intensive and continuous visiting is necessary in the case of handicapped children and over 30 per cent of the total visiting was concerned with their welfare.

The School Health Visitors spend a great deal of their time following up the various forms of neglect in order to maintain a reasonable standard of hygiene and care. Progress is slow at times and encouragement and help is necessary where circumstances are difficult, to ensure parents realise their responsibilities.

Nursery Schools and Classes

The services of the school nurse are readily available and there is good co-operation in the field of Nursery School care.

Visits to Nurseries are made regularly according to their needs and medical defects and absences are followed up and investigation carried out to prevent the spread of infection whenever there is an outbreak of infectious disease in the area.

During the year progress has been made in testing the visual acuity of the under fives. This is very time-consuming but it will ensure ascertainment and treatment of defects as early as possible.

Health Education

Informal education in health subjects has always been an integral part of the school nurses' work and every opportunity is taken to further this aspect of the work.

Many of the staff take part in discussions with Parent Teacher Associations and talk to organised groups outside the Service.

Parent-craft and personal hygiene group teaching in schools to the 14+ and 11+ age groups continues to progress. Throughout the year 26 School Health Visitors were taking part in group teaching. 1,942 classes were taken in Secondary Modern Schools and 62 classes in Primary Schools.

Discussion groups are held for staff taking part in this work in co-operation with the Health Department, to whom our thanks are due for their help with visual aids and other equipment.

Specialist Work

Handicapped Children

More and more follow-up is needed in this field and the special team based on the central clinic are fully employed maintaining a nursing service to the day special schools which are not covered by their own nursing staff.

Supervision in the home is carried out during term time and in holidays when necessary for special cases referred from residential schools.

Continuous home visiting is needed to help all those concerned in the care of handicapped children and in difficult circumstances practical help has to be given. Only in this way can the necessary care be obtained for these children.

Ear, Nose and Throat Department

The work continues to increase in this department. Two nurses are engaged full-time in the various duties connected with the ascertainment, follow-up and treatment of all defects in this field. Audiometric sweep testing of all 5—6 year-old children in school continues as well as attendance at the schools for the deaf. There is a good liaison with the hospital, the schools, clinics and the Health Department.

Asthma Clinic

There has been no decrease in the work of this clinic during the year and the staff, consisting of one full-time Health Visitor, assisted at clinic sessions by one Health Visitor and two school nurses, have been fully employed. A total of 313 home visits were paid in 1960, of which 29 were no access visits.

The Work of the Nursing Assistants

The work of the nursing assistants in connection with Section 54 of the Act has been carried out as in previous years. Owing to shortage of staff they have not been able to assist the school Nurses in carrying out cleanliness inspections but have been fully employed in re-examination and cleansing of children found verminous, demonstrations to

mothers in clinics, treatment of scabies and bathing of children when necessary.

Continuous follow-up is necessary and a total of 55,505 re-examinations of children found in a verminous condition were carried out during the year.

	1955	*1956*	*1957*	*1958*	*1959*	*1960*
Infestation rate (percentage)	7.8	8.5	7.4	7.6	8.3	9.3
Number of individual children cleansed on statutory cleansing orders ..	1,655	1,717	1,989	1,917	2,054	2,596
Total number of statutory cleansings..	2,171	2,260	3,245	2,710	2,695	2,990
Cleansing demonstrations to mothers	458	508	523	625	510	540
Prosecutions under Section 54 ..	21	22	46	50	75	59
Number of families involved ..	20	20	34	40	58	40

During the year 109 children were treated for scabies, a slight decrease on the previous year. Altogether 1,056 baths were given for septic conditions and uncleanliness in families socially handicapped.

Co-operation with Other Services

Good liaison has been maintained with the other statutory and voluntary services during the year. In this way adequate help can be given to families who for various reasons are handicapped and unable to cope with situations beyond their control. At field level good co-operation with other colleagues in the area saves time and overlapping of services as well as a full comprehension of the scope of their colleagues' work."

PROBLEM FAMILIES

Dr. Lemin reports:—

" This part of the work continued to be carried out during 1960. In spite of the many benefits which accrue in this day and age, in spite of the welfare facilities which are offered on all sides, there is no apparent diminution in the number of cases requiring to be helped.

Properly to cope with the many difficulties which arise, either through ignorance, carelessness, utter indifference or just an inborn inability to deal with the domestic situation, takes time, patience and a sense of vocation which cannot be expressed by any mathematical formula. Improvement has been obtained and continued by supervision until in some cases the family can navigate safely on its own.

Discussion has taken place, both in the field and centrally, with the Children's Department, Family Service Unit, the Health Visitor for the District, the N.S.P.C.C. and the Education Welfare Officer, so that a unity of effort might be effected and satisfactory co-operation between all appropriate departments has been maintained."

HEALTH EDUCATION

The Superintendent School Nurse describes the developments in the arrangements through which the school nurses take an active part in Health Education in the schools.

In addition, the following activities have taken place during the year:

The School Medical Officers and nurses have given a number of talks at Parent-Teacher Association Meetings on " Child Health " and " The School Health Service." These opportunities continue to be welcomed as they afford occasions for reinforcing the impressions made at the periodic medical inspections and for discussing problems with the parents. A talk was given to the Shard End Fraternal.

Lectures and demonstrations have been given in connection with the training for staffs of Children's Homes, for student health visitors, for teachers' training courses at Westhill College, for teachers taking the Birmingham University course for the certificate in the teaching of educationally sub-normal children, for the staff of the Home Nursing Service, to the student nurses at Selly Oak and St. Chad's Hospitals, to teachers attending the one-year course on Handicapped Children at the City of Birmingham Training College, to student health visitor tutors, to students at the Queen's College, to Education Welfare Officers, to a doctor from Mysore engaged in preventive medicine, to the school medical officer for the City of Madrid, to a medical officer on the staff of the Director General of Health, at Delhi, to a public health nurse from Finland, to the school medical officer for the City of Warsaw, to an official of the French Ministry of Education in connection with a SEATO Research Fellowship and to the Medical Director of Youth Services, Israel.

EMPLOYMENT OF SCHOOL CHILDREN AND YOUNG PERSONS

Children in part-time employment and appearing under licence for entertainment. Dr. Lemin reports:—

" In 1960, 49 children were seen in respect of granting licences in entertainment. This figure shows a marked decrease in this particular category; the figure for 1959 being 80 whilst five years ago, in 1955, 152 children were examined.

During the present year, once again, no children appearing for examination were 'on tour'. As on previous occasions it was arranged that the same medical officer see the children at the initial examination, half way through the pantomime run and at the end. No children were found unfit to proceed to pantomime and at the end of the season there was no adverse report.

In respect of children in part-time employment 7,988 examinations were carried out showing an increase over last year of 400 examinations.

During the year 23 children were found to be unfit, either temporarily or permanently and in view of this their employment was suspended or stopped. Of these 23 children 11 were examined subsequently and allowed to resume their employment. The defects which caused suspension of their employment were: asthma, bronchitis, rheumatism, rheumatic carditis, injury following accidents, post-operative conditions, acute coryza and general ill health.

It must again be emphasised that the importance of these reviews lies not only in ascertaining whether or not the child is fit for employment, but also the fact that an opportunity is given to review the child's general condition and any defects followed up subsequent to this examination.

Excellent co-operation has been maintained between the School Health Department and the Bye-Laws Department during the year."

EXAMINATIONS OF ENTRANTS TO TRAINING COLLEGE AND TEACHERS

In accordance with the Ministry of Education Circular 249, school medical officers have examined the candidates for admission to training colleges, and intending teachers, other than those who were examined on the completion of the approved course of training before entering the teaching profession.

50 medical examinations were carried out for other authorities whilst 66 intending teachers for Birmingham were examined in their own area, so avoiding unnecessary travelling.

During the year 43 candidates were referred either for a specialist opinion and recommendation or for a report from the medical practitioner. Before the candidate was referred to a specialist, in each case the subject was discussed with the medical practitioner. Fees were paid in respect of five candidates requiring consultant opinion in accordance with the Committee's scheme.

Medical examination of entrants to Training College, intending teachers and students completing the course at the College of Art:

	1958	*1959*	*1960*
Training College candidates	266	395	331
Intending teachers	553	560	484
College of Art students	41	32	56
TOTAL ..	860	987	871

OUTDOOR PURSUITS COURSES

OGWEN COTTAGE MOUNTAIN SCHOOL

Ogwen Cottage Mountain School is situated in the Nant Francon Pass close to Lake Ogwen in Caernarvonshire.

The two experimental courses held in 1959 were followed by seven courses in 1960, three for girls and four for boys. All the thirty children who attended each course underwent prior medical examination. The reserves were also medically examined.

WOOD END HALL HOSTEL

The total number of beds available at Wood End Hall Hostel is 29.

Dr. Lemin reports:—

" During 1960 the general medical supervision of the Hostel was continued. Over the year the maximum number of children in residence was 28 at any one time. The medical examination was carried out as soon as possible after the arrival of the children at the Hostel and shortly before they left the Hostel for home, and at such other times throughout the term as was thought necessary in special cases.

I am glad to report that the general health of the children has been satisfactory; there has not been any major epidemic. Two children had mumps in May and one child had measles in June. One child had acute appendicitis and was operated on in Dudley Road Hospital, later we were fortunate enough to be able to make arrangements for a period of convalescence in Devon. There have been one or two slight minor infections such as boils and verrucae and one case of impetigo was reported.

New admissions were chest *x* rayed and immunised where necessary, against diphtheria and poliomyelitis.

14 children attended Sheep Street Clinic for the appropriate physiotherapy.

The general atmosphere of the children at the Hostel is most happy and it is gratifying to watch the new arrivals settle into the family life.

It becomes increasingly clear that this type of Hostel is performing a most necessary and useful function and bringing a great benefit to the children.

Thanks are again due to Dr. Goldman for his continued help in looking after the children when medical treatment is required.

At the end of each inspection and during several visits useful discussions were held with the Matron of the Hostel, the School Health Visitor and the Woman Visitor to the Hostel and their ready co-operation has greatly facilitated the medical supervision."

CO-OPERATION AND ACKNOWLEDGEMENTS

It is a pleasure to acknowledge the material help which the teachers give to the School Health Service. The relationship continues to be cordial and ready assistance is given, sometimes in spite of difficulties over accommodation in the school. The aid which the teaching and School Health Service staff can give to each other and so to the pupils is fully recognised.

The Committee's Inspectorate have also shown their general interest and have given valuable advice in particular cases.

To doctors at the hospitals and in general practice this opportunity is taken of expressing appreciation for their very material help in supplying reports and for discussing special points over the telephone in the midst of their busy activities and to the Secretary of the Local Medical Committee for the interest and consideration he has shown.

Acknowledgement is also made of the willing help and co-operation given by the following who are now connected in various ways with the work of the School Health Service: the Senior Administrative Medical Officer of the Regional Hospital Board, and his medical assistant; the Secretary of the Board; the Secretary of the United Hospital Board and the Clerk of the Local Executive Council.

In many many ways the Education Welfare and School Attendance Officers give material assistance to the School Health Service, and special mention may be made of their help in following up some cases and in providing information from their wide range of activities.

It is a pleasure to mention the help which the Almoners of the hospitals, the Children's Officer and his staff, and the Probation Officers render over many children.

Appreciation is expressed to the local press for the helpful and sympathetic presentation of school health topics.

To the Organisers and Inspectors of the National Society for the Prevention of Cruelty to Children, a special word of praise is due for their warm co-operation over difficult cases which call for both tact and zeal.

Appreciation is expressed to Pearson's Fresh Air Fund, to the Women's Voluntary Service and the Family Service Unit, for their help in providing outings and holidays for Birmingham children.

It is a pleasure to report that the Birmingham Mail Christmas Tree Fund had again been generous to the children in special schools and training centres.

HANDICAPPED PUPILS

WEST MIDLAND ADVISORY COUNCIL ON SPECIAL EDUCATIONAL TREATMENT

A meeting of the Committee was held on the 18th July, 1960 and amongst the subjects discussed were the following:

Administrative Memorandum 2/60 — Selective Secondary Education for Partially Sighted Pupils. This memorandum announced that Exhall Grange School was to take pupils considered suitable for courses leading up to a General Certificate of Education.

From available information it appeared that the needs of deaf and educationally sub-normal children which had given some concern in the past, were now being met.

A national survey was being made to ascertain the number of places required for deaf and cerebral palsied children.

The provision in the Midlands for children with serious loss of both hearing and sight was discussed. These children were commonly (though not, of course, solely) children whose mothers had German measles in early pregnancy. It was decided to await the findings of a conference which was to be held in Condover Hall School in January 1961 on the subject, and of the Medical Research Council, before taking action in the Midlands.

The Advisory Committee discussed the report which had been received regarding the difficulties for providing special educational treatment for children suffering from muscular dystrophy. There was substantial support for the following pattern of educational treatment for children suffering from this defect:

1. That these children should stay at ordinary day schools for as long as they could.

2. That a day special school might then be the best place for them; or failing that, a boarding special school for those whose deterioration appeared likely to be slow.

3. That they should, if possible, go home and have home teaching before the last stage of the disease was reached.

BIRMINGHAM CHILDREN ON REGISTERS OF SPECIAL SCHOOLS MAINTAINED BY THE AUTHORITY AS AT 1st DECEMBER, 1960

Educationally Sub-Normal Children

Residential:

St. Francis Boys and Girls	83
Springfield House Girls	58
Astley Hall Boys and Girls	49

Day:

Collingwood Senior Girls, Junior Mixed	190
Ambleeote Senior Girls, Junior Mixed	161
Grantham Yorke Senior Boys, Junior Mixed	159
The Hamilton Senior Boys, Junior Mixed	120
Hallmoor Senior Mixed	143
Hallmoor Junior Mixed	65
Pinsent Senior Boys, Junior Mixed	90
Calthorpe Senior Boys, Junior Mixed	164

Deaf and Partially Deaf Children — Day Schools

Braidwood School for the Deaf, Mixed	93
Longwill School for the Deaf, Mixed	90

Partially Sighted Children — Day Schools

George Auden School for P.S. Children, Mixed	42
Priestley Smith School for P.S. Children, Mixed	47

Delicate Children

Residential Open-Air Schools:

Cropwood Girls	80
Hunters Hill Boys	117
Haseley Hall Junior Boys	39
" Skilts," Mixed	45

Day Open-Air Schools:

Marsh Hill, Mixed	164
Uffculme, Mixed	150

Physically Handicapped Children

Residential:

Baskerville, Mixed	33

Day:

Wilson Stuart, Mixed	151
Victoria, Mixed	138

Hospital Special Schools

Orthopaedic:

Forelands, Bromsgrove, Mixed	27
Woodlands, Northfield, Mixed	35

Sanatorium:

Yardley Green, Little Bromwich, Mixed	33

Handicapped Pupils Boarded in Hostels Maintained by the Education Committee

Wake Green Hostel	12

EXTRA DISTRICT CHILDREN ATTENDING BIRMINGHAM SCHOOLS AS AT DECEMBER, 1960

Educationally Sub-Normal Children

St. Francis Residential School	118
The Grantham Yorke Day School	6
The Amblecote Day School	11
The Pinsent Day School	8
Hallmoor Junior School	2
The Collingwood School	2
The Calthorpe	1

Deaf and Partially Deaf Children

The Braidwood School for the Deaf	53
The Longwill Day School for the Deaf	24

Partially Sighted Children

The George Auden School for P.S. Children	11
Priestley Smith School for P.S. Children	10

Physically Handicapped Children

Baskerville Residential P.H. School	11
The Wilson Stuart Day P.H. School	15
The Victoria Day P.H. School	4

Hospital Special Schools

Orthopaedic:

Woodlands	20
Forelands	10

Sanatorium:

Yardley Green, Little Bromwich	6

RESULTS OF SPECIAL EXAMINATIONS — 1960

Results of examinations during the year of children with a view to their receiving or continuing to receive special educational treatment.

Number of children seen	1,167
Recommended for Day (E.S.N.) School	206
Recommended for Residential (E.S.N.) School	80
Recommended for Residential Open-Air School	220
Recommended for Day Open-Air School	93
Recommended for Residential (P.H.) Special School	18
Recommended for Day (P.H.) Special School	61
Recommended for Residential School for Epileptics	10
Recommended for Residential School for the Deaf	2
Recommended for Residential School for the Blind	1

No action	44
To stay in Special School	36
For trial in Ordinary School	70
To stay in Ordinary School	51
To leave Special (E.S.N.) Schools in order to take up employment	13
To leave Open-Air Schools in order to take up employment	3
Decision deferred	93
To be excluded from School temporarily	6
Recommended for exclusion under Section 57(3) of the Education Act, 1944	47
Recommended for Home Teaching	24
Recommended for Carlson House School for Spastics	4
Recommended for Ordinary Schools	85

Number of children reported to the Local Health Authority in 1960.

Under Section 57(3) or Section 57(4) of the Education Act, 1944	47
Under Section 57(5) of the Education Act, 1944 prior to 1.11.60	22

The following report made to the Ministry of Education relating to handicapped pupils in the calendar year ended 31st December, 1960, also gives valuable information.

	(1) *Blind* (2) *Partially Sighted*		(3) *Deaf* (4) *Partially Deaf*		(5) *Delicate* (6) *Physically Handicapped*		(7) *Educationally Sub-Normal* (8) *Maladjusted*		(9) *Epileptic*	(10) *Speech Defects*	(11) *Total* (1)-(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
In the calandar year ended 31st Dec., 1960:											
A. Handicapped Pupils **newly placed** in Special Schools or Boarding Homes	3	14	14	9	243	139	308	34	11	—	775
B. Handicapped Pupils **newly ascertained** as needing education at Special Schools or in Boarding Homes	3	16	15	17	325	146	294	55	12	6	889

LIST OF BIRMINGHAM CHILDREN IN SPECIAL SCHOOLS NOT MAINTAINED BY THE EDUCATION COMMITTEE AS AT 1st DECEMBER, 1960

Blind and Partially Sighted Pupils

Birmingham Royal Institution for the Blind:	
Residential	27
Day	4
Exhall Grange School, Coventry	4
National Institute for the Blind:	
Sunshine Home, Overley Hall	2
Liverpool Catholic School for the Blind	5
Royal Normal College for Blind, Rowton Castle, Salop	8

Educationally Sub-Normal Blind Pupils

Condover Hall	2

Deaf and Partially Deaf Pupils

Birmingham Royal School for the Deaf	7
Mary Hare Grammar School for the Deaf	7
Manchester (Old Trafford) Royal Deaf School	1
St. John's Institution for the Deaf, Boston Spa	7
Burwood Park Sec. (Tech.) School for the Deaf	1
Bridge House School for Deaf Children, Harewood, Yorks.	3

Epileptic Pupils

Lingfield Epileptic Colony, Surrey	29
St. Elizabeth's School, Much Hadham, Herts.	1

Physically Handicapped Pupils

Ian Tetley Memorial Home, Harrogate, Yorks.	1
Tudor Grange School, Solihull	1
Hinwick Hall School for Crippled Children	2
Halliwick Cripples School, Winchmore Hill, London	2
Chipping Norton National Children's Homes	4
Victoria Home, Bournemouth	2
" Trueloves " School, Ingatestone, Essex	1
" Thieves Wood " School, Mansfield, Nottingham	1
Wightwick Hall School	1

Spastic Pupils

Carlson House	43
St. Margaret's School, Croydon	1
Craig-y-Parc School, Cardiff	1
Irton Hall	1

Delicate Pupils

St. Catherine's Open-Air School, Ventnor	2
Eden Hall Residential School, Bacton-on-Sea, Norfolk	7
Oak Bank Open-Air School, Sevenoaks, Kent	1
Blackfriars School	1

Educationally Sub-Normal Pupils

Besford Court, Worcester	7
Field Heath (All Souls'), Middlesex	4
Rhydd Court, Worcs.	3
Puddlestone Court, Herefordshire	1
Hilton Grange, Old Bramhope, Leeds	1
Rossington Hall, Doncaster	1
Pontville, Ormskirk	1

Pupils with Speech Defects

John Horniman Home, Worthing, Sussex	1
Moor House School, Oxted, Surrey	2

Maladjusted Pupils

Trench Hall, Wem, Salop	2
Bodenham Manor School, Hereford	20
Shenstone Lodge, West Bromwich	8
River House, Henley-in-Arden	2
Red Hill School, East Sutton, Maidstone, Kent	3
Hillaway Homes for Children, Devon	10
Mulberry Bush House, Standlake, Oxfordshire	1
Swalcliffe Park, Banbury, Oxfordshire	1
Chaigeley School, Thelwall, Warrington, Lancs.	2
Wennington School, Wetherby, Yorks.	2
Breckenborough School, Thirsk, Yorks.	3
St. Joseph's R.C. School, East Finchley	4
St. Anne's R.C. School, Portbello Road, London	4
Midhurst Grammar School, Sussex	1

Hospital Special Schools

Orthopaedic:

Marlborough, Mixed	11

Sanatorium:

Kyre Park and St. Cuthbert's, Mixed	35
Warwickshire Orthopaedic	31

Handicapped Pupils Attending Independent Schools Assisted by the Education Committee under Section 9(1) of the Education Act, 1944

St. Hilliard's School, Mickleton, Glos. (Maladjusted)	4
Peredur Home School, East Grinstead (Maladjusted)	1
St. Christopher's School, Bristol (Maladjusted)	1
Elmfield, Stourbridge (Maladjusted)	10
Tettenhall College, Wolverhampton	1
St. Thomas More's College, Devon	6
Mount St. Mary's College, Spinkhill, Derbyshire (Delicate)	1
Stout's Hill Preparatory School, Uley, Glos. (Delicate)	1
Brighton and Hove Girls' High School (G.P.D.S.T.) (Delicate)	1
Wester Elchies School, Aberlour (Delicate)	1
St. Joseph's Convent, Haunton Hall, Tamworth (Delicate)	2
Dartington Hall School, Totnes, Devon (Maladjusted)	1
Salesian School, Longhope, Glos. (Maladjusted)	5
Sacred Heart College, Sambourne (Maladjusted)	1
Prestfelde School, Shropshire (Maladjusted)	1
Burcot Grange School, Sutton Coldfield	1
Millfield School, Somerset	1

Handicapped Pupils Boarded in Hostels — and who attend Schools near to the Hostel

Diabetic Pupils:

Palingswick House, London	2
Rustington Diabetic Hostel, Sussex	1

SCHOOLS FOR THE PARTIALLY SIGHTED

Mr. Mark Tree reports:—

" There has recently been a great deal of interest in the development of visual aids, made possible by the production of plastics of lightweight with good hard optical surfaces. Messrs. C. Davis Keeler have been very prominent in this field and have provisionally provided 3 of our pupils with telescopic spectacles. We are very grateful to Mr. Griggs, the Manager of Keeler's Birmingham branch for his great help with these cases and we hope it will soon be possible to provide these aids to other suitable pupils.

I have, as usual, re-examined and reviewed the pupils of both Partially Sighted Schools during the past year, and I wish to record my thanks to Miss Cox and Mr. Challacombe, the Heads of the schools, for their ready co-operation and for the provision of statistical data.

At December 1960 the total number of pupils at both schools was 112, consisting of 62 boys and 50 girls. There were during the year:

New admissions	17 pupils.
Leavers having completed their schooling	4 ,,
Transfers to Residential Schools	1 pupil.
Transfers to normal schools	5 pupils.

17 High Myopes consisting of 10 boys and 7 girls.

(*a*) 1 with marked Astigmatism.

(*b*) 4 with Squints:

(i) 3 Convergent.

(ii) 1 Divergent.

(*c*) 3 with Retinal Degenerative changes.

(*d*) 1 with Nystagmus.

50 Nystagmus cases consisting of 28 boys and 22 girls.

(*a*) 13 with Albinism.

(*b*) 18 with Congenital Cataracts.

(*c*) 18 with Squints.

(*d*) 2 with Bilateral Optic Atrophy.

(*e*) 1 with Congenital Hemiplegia.

(*f*) 1 with Corneal Nebulae.

(*g*) 1 with Bilateral Macular Degeneration.

29 cases of Congenital Cataracts consisting of 14 boys and 15 girls.

(*a*) 10 Familial of which:

(i) 5 had Nystagmus.

(ii) 1 had Retinal Detachment after needling.

(*b*) 19 Sporadic of which:

(i) 13 had Nystagmus.

(ii) In 4 cases the mothers had German Measles during pregnancy, in 1 case during the fourth month.

6 cases of Bilateral Ectopia Lentis consisting of 3 boys and 3 girls.

(*a*) 3 are Familial and of these 2 are sisters with Marfan's Syndrome.

(*b*) 1 with Ectopia Pupillae.

2 cases of High Hypermetropia. Both boys.

1 case of Bilateral Xerophthalmia. 1 boy.

29 cases of Syndromes and Multiple Defects.

(*a*) Congenital Toxoplasmosis — 3 boys.

(*b*) Retrolental Fibroplasia — 3 cases, 1 boy and 2 girls:

(i) 2 with Myopia.

(ii) 1 with Nystagmus.

(*c*) Bilateral Familial Retinal Degeneration — 1 girl.

(*d*) Laurence-Moon Syndrome — 1 boy.

(*e*) Retinitis Pigmentosa — 3 cases, 1 boy and 2 girls:

(i) 2 typical cases — both girls.

(ii) 1 atypical case — a boy.

(*f*) Bilateral Optic Atrophy — 9 cases, 7 boys and 2 girls:

(i) 4 with Nystagmus of which 1 had Hirschsprung's Disease.

(ii) 1 with Epilepsy.

(iii) 1 with Acrocephaly.

(iv) 1 with High Myopia.

(v) 1 with Cerebro-Macular Degeneration.

(vi) 1 Mentally Retarded.

(*g*) 1 case of Galactosaemia with slight Lamellar Cataracts and Myopia — 1 girl.

(*h*) Microphthalmos and Congenital Cataract — 1 girl.

(*i*) Aniridia, Myopia and Nystagmus — 1 girl.

(*j*) Microphthalmos, Miridia and Nystagmus with Glaucoma and Staphyloma in the right eye — 1 boy.

(*k*) High Myopia, Deafness and Defective Speech — 1 girl.

(*l*) Nystagmus, alternating Divergent Squint and Congenital Deafness — 1 boy.

(*m*) Congenital Amblyopia — 2 cases, 1 boy and 1 girl.

(*n*) Nystagmus, Myopia and Epilepsy — 1 boy."

MEDICAL SUPERVISION OF SPECIAL SCHOOLS

Dr. P. R. Kemp, Assistant Principal School Medical Officer, reports:—

"As the years proceed it is perhaps natural to look backward sometimes and make comparisons which are not necessarily odious but which actually allow some feelings of optimism to filter through. For those of us whose task is concerned mainly with handicapped children and their suitable placement in educational establishments the picture is a constantly changing one and by no means cast in sombre hues. The mentally handicapped child for example may no longer be suffering from a condition which is inevitably permanent. The possibility of metabolic disorder which may be treatable must be given due weight, in addition to all those other factors which are to be considered in such cases. The only investigation worth-while — a thorough one — involves hospital visits and usually admission. It is refreshing to note that hospitals today have come to recognise that the so-called 'mentally defective' child of the past may be an interesting clinical case.

The medical officer charged with the function of ascertainment would prefer that these essential preliminaries should have been completed or at least set in motion before he sees the child, but this has often proved impossible and it is left for him to initiate them. With such conditions as phenyl-ketonuria, galactosaemia, hypercalcaemia, or even acromegaly, to consider mentioning only a few, a very wide field of medicine may have to be explored; but there is now some hope of improvement as a result of treatment. The physically handicapped child may now be a child who is waiting for some surgical procedure or other form of therapy which will benefit him to such an extent that he will be able to attend an ordinary school or at least transfer to one in due course. The delicate child may be more disabled in his capacity for social relationships than in his anatomy and physiology. Many children suitable for education in what we still call 'Open-Air Schools' may perhaps be more accurately categorised, if categorised they must be, as 'mildly maladjusted' than 'delicate'; they are none the less handicapped. If they are going to succeed, sooner or later they adjust themselves or perhaps are adjusted, and the crucial moment must be chosen to return them to the 'normal' stream. Under no circumstances must the importance of the parent-doctor-teacher relationship be underestimated. If the child is to be helped adequately it can only be as a result of team work, of which these three are vital members. To use any form of force in obtaining the co-operation of parents is rarely necessary and can be a confession of failure. It must be realised that the parent may be emotionally handicapped, with resulting impairment of judgement, by his or her reaction to the very fact of being the parent of a handicapped child and all the

understanding and true sympathy in the person of the doctor is necessary to deal with such cases. The work of the special school doctor is only possible with the full co-operation of his medical and other colleagues. Fortunately this is freely available. Particularly must be mentioned the consulting physicians and surgeons of the city; the School Psychological Service gives invaluable and ready help, association with the Inspector of Special Schools is greatly appreciated and the patient long-suffering of the clerical staff in their almost daily struggle with calligraphic obscurities must not be forgotten. Helpful discussions are held with Head and Class Teachers from both special and ordinary schools relating to children who have been brought forward for the elucidation of some problem; sometimes a teacher will attend an ascertainment examination and this is especially welcomed. There has been no change here, there was always a good relationship between the various elements of the diagnostic group in Birmingham, only knowledge and experience have increased with the years.

Open-Air Schools

The value of these schools can perhaps be confirmed, if confirmation is necessary, by the two facts that they are always full and that there is always a waiting list. Requests for admission continue to pour in from many sources, particularly from the hospitals, general practitioners, school medical officers, welfare agencies and parents.

Methods have not changed appreciably during the year but it is proposed that the old system of giving everyone breakfast in the Day Open-Air Schools should give way to a selective scheme in which only specially selected children who seem to need this meal at school for nutritional, social, or other reasons are given it. The rest after the mid-day meal in the Day Open-Air Schools is also to be modified similarly. The teachers as always have been most helpful in every way, and I should like to express my appreciation of the work done by the nurses concerned. Their trained observation, their knowledge of illness and the detection of its early signs, their friendly interest in the families and the homes from which the children come, and their tact in school relationships have paid high dividends.

Day Schools for the Physically Handicapped

In the Wilson Stuart and Victoria Day Schools for the Physically Handicapped the scheme of things has not altered appreciably during the year.

Added stresses have been experienced by the staffs in these schools in that many children who might have been considered 'ineducable' in past years and excluded from school are now given a trial. Such children are often helpless, unable to feed themselves, incontinent perhaps, and difficult to handle in all respects, but it is only by such a trial that final conclusions regarding the mentality of the child may be attained.

Here again I should like to pay high tribute to the devoted and efficient service given to the children by teachers, nurses and orderlies alike.

The usual routine and special examinations have been carried out in all the other special schools and training centres as in previous years. I should like to thank Dr. J. B. Mole for her conscientious and painstaking help.

Lectures have been given at the University and the Teachers' Training College to the courses for teachers of handicapped children, to Health Visitors, and to the Home Office training course for foster parents.

Visits to special schools and demonstrations therein have been arranged as usual for senior students of the University of Birmingham Medical School, and for candidates for the Diploma in Child Health.

Thanks are due to the Head Teachers of the special schools concerned who with tolerance and good humour have submitted to the disturbance of school routine which results inevitably from a recurrent influx of visitors."

SPEECH THERAPY IN SPECIAL SCHOOLS

Miss E. Sprayson, Senior Speech Therapist, reports:—

" During the year 23 sessions a week have been worked in the special schools, with the exception of the period April to September when the number of sessions was reduced to 22.

Two children from the Baskerville School for the Physically Handicapped and two girls from Springfield House Residential Educationally Sub-normal School were treated at the George Road and Kings Heath Clinics.

Haseley Hall Residential Open-Air School was visited, at the request of the Head Teacher, and several children were seen. Some of these children would have benefited from speech therapy but it was impossible for a therapist to visit the school regularly. Advice was, therefore, given to the Head Teacher.

One boy was seen at the Woodlands Hospital Special School and in this case speech therapy was found to be unnecessary.

The following schools continue to be visited weekly by therapists:

Schools for Physically Handicapped Children

The Victoria.
The Wilson Stuart.

Open-Air Schools for Delicate Children

Marsh Hill.
Uffculme.

School for Deaf Children

The Braidwood.

Schools for Partially Sighted Children

The Priestley Smith.

The George Auden (children from this school in need of therapy are seen at the Moseley Road Clinic).

Schools for Educationally Sub-Normal Children

The Amblecote.
The Calthorpe.
The Collingwood.
The Grantham Yorke.
Hallmoor Junior and Senior.
The Hamilton.
The Pinsent.
St. Francis.

SPECIAL SCHOOL STATISTICS

	1960	*1959*
Number receiving individual treatment	322	231
Number receiving treatment in classes	24	25
Number of cases referred	134	158
Number of cases admitted	121	102
Number of cases where Speech Therapy was found to be unnecessary	22	50
Number of cases discharged	102	85
Number of cases on the waiting list	12	21
Number of interviews with parents or guardians	34	41
Number of visitors to Special Schools	11	61
Number of school visits (advisory)	2	3
Number of home visits	—	4

SPECIAL SCHOOL ATTENDANCES

	1960	*1959*
Individual, group and class work	5,011	3,940

EDUCATIONALLY SUB-NORMAL CHILDREN

Miss B. M. Smith, Headmistress of the Springfield House Residential School for Educationally Sub-normal Girls, reports:—

"Scattered across the lawn in front of a gracious Georgian house are the 58 school girls, of all ages from six to sixteen, shouting happily as they swing, climb, play tennis, or put up improvised 'hospitals', 'tents' and 'houses' under the sweeping branches of the cedar trees. In winter the scene changes to the fireside and play-rooms where there are facilities for them to enjoy congenial occupations at their own level.

During the past ten years 177 girls have been admitted, so that it has been possible to study a wide variety of problems, physical, social, and emotional, as well as educational. There has been a change in the age groups, from an even spread, to a preponderance of girls between 12+ and 14+. The smaller number of older girls makes it difficult to find sufficient stable leaders to counter-balance the rather unsettled newcomers in the middle age range. Another significant change has been the diminished proportion of children in the care of the Children's Committee, from nearly half the school to a mere 4 girls. The general level of intelligence is tending to fall, so that the standard of school-work, handwork and drama is also lower, and at the same time the amount of supervision and help necessary in the day to day routine has increased. Compared with some similar schools the number of girls admitted from the Juvenile Court is low, although this is to some extent counter-balanced by girls whose severe behaviour difficulties have required investigation at the Child Guidance Clinics.

One of the problems we share with so many residential schools is that of attracting suitable staff. Even now few professional people seem aware of the nature of the children in special schools; many imagine they will be either hopelessly idiotic or frighteningly aggressive, and are relieved to find comparatively normal looking, happy girls running about freely, approaching the staff in a confident, friendly way or fully intent upon their play, their work or looking after the animals which are such a feature of this country school.

All class work in the basic subjects is individual as the girls are grouped by age rather than ability. The emphasis is on practical work and outdoor activities; lessons are popular, and the children strive hard, not in a competitive spirit with one another, but not to fall short of what they know they can each achieve. The more capable girls are delighted to take a more retarded child under their wing, and show the pride of a mother in their protégé's slightest progress. Any work which arouses their interest can be continued in their leisure time, which is always left free for the girl's own activities. The library is very popular, and the poorest readers will carefully choose a book, while even the youngest enjoys nothing better than to sit in an arm-chair and 'read' aloud. The chief aim is to build up confidence by planning work that is capable of fulfilment, and then gradually introducing new work so that the chance of failure is minimised.

The most exacting work is that involved in looking after the girls outside school hours. The teaching staff act as housemothers to small groups of children, and with the right teachers this close continuous contact between staff and girls is most successful in assuring a constant sympathetic and understanding atmosphere. It is necessary to be genuinely interested in the whole development of the children

and to realise that success, maybe in making a bed or cleaning a basin, can be the starting point of confidence to tackle lessons in the classroom. A marked feature here is the spirit of co-operation between staff and girls, which is an important factor in helping newcomers to conform to the accepted code of behaviour. There are no prefects as we try to make the atmosphere that of a large home with the emphasis on affection rather than authority. Rewards are mainly in the form of being allowed to help the teachers by having a 'job', whether it be merely drawing curtains, or duties such as librarian, and most coveted of all, looking after the dogs. A girl's status depends largely upon the responsibility of her 'job', which is jealously guarded from the encroachment of others. To take away one's 'job' is considered a severe punishment, and mark of shame. Actually these children have little initiative or imagination for major pranks; absconding is rare; talking at the wrong time, poor table manners, spitefulness and carelessness with clothes are the most common faults, and on the whole it is surprising how children from the poorest city homes accept, and even demand, the standards expected of them here.

Picnics, shopping expeditions to the local village, and the city, educational visits, muddy scrambles through the local 'jungle' (a small spinney of our own), birthday parties, rock'n-roll evenings, amateur dramatics, and participation in country dance parties provide many things to look forward to during each term, all duly recorded on the wall diary. The annual fortnight spent by the seniors at the seaside school is a much appreciated treat, and provides the basis for much interesting school-work, both before and after the visit. The seasons bring their change from outdoor to indoor activities, and there never seems sufficient time to do all that has been planned. As one interest dies a natural death a fresh one arises to occupy the leisure hours.

There is ample opportunity to detect the first signs of ill-health; a large proportion always suffer from minor physical defects, but more serious diseases such as tuberculosis, diabetes, osteomyelitis, dwarfism, obesity, thyroid deficiency, epilepsy, spasticity, Wilson's disease, and severe speech defects have all occurred from time to time. Generally speaking there is a marked improvement in health, and the loss of weight which so often occurs in the holidays is soon made up as the children benefit from the fresh air, rest and good food of the school regime.

We are always ready to welcome our old scholars when they visit, and not many week-ends pass without one or more coming out, while each term we hold a special party for them. The longer they have been in the school the more they turn to their teachers for support and advice during the first difficult months of transition from school to work. In spite of all the help given them in their last two terms the period of adjustment is bound to cause insecurity and apprehension.

Loneliness and lack of an understanding adult to whom to turn can cause much unhappiness in girls whose home life has always been inadequate.

The school 'family' would not be complete without a mention of the parents and brothers and sisters who come streaming up the drive on the monthly visiting days. We are always up-to-date with the family news, and the arrival of a new baby is eagerly awaited by all, and its growth followed with interest. We are sympathetic recipients of the most intimate details of family life, and marital troubles; we are asked to provide new houses, holiday accommodation, and a welcome to boy friends; to heat the baby's bottle, boil eggs for father ('it's his stomach'), and provide a glass for Dad's bottle of beer, drawn out of his pocket when the tea is handed round. When the last banana skin and the last cake-crumb is swept up, and the last tear dried after our departing guests we return with thankfulness to our school routine, glad that visiting day is over for another month.

Given a sense of humour, endless patience, and well-nigh inexhaustible energy, work with educationally sub-normal children in a boarding school can be a most satisfying way of life."

BASKERVILLE SCHOOL

Dr. Carey Smallwood reports:—

" The number of children with juvenile rheumatism admitted to and remaining in Baskerville School continues to decline. Having demonstrated the great value of oral penicillin prophylaxis in the long-term prevention of rheumatic relapse, I am now endeavouring to ascertain the minimum dosage of the drug necessary to achieve a satisfactory result."

MARTINEAU HOUSE, BOGNOR REGIS

During 1960, 18 parties, consisting in the main of 24 children from special schools of various types, visited the School for periods of 14 days.

In accordance with established practice, each group was accompanied by a teacher from the visiting school who was able to assist the residential teacher in charge.

The School provides a valuable contribution to the physical and educational welfare of the handicapped pupils.

It is a pleasure to acknowledge the attention given by the Matron and the interest shown by the visiting Medical Officer, Dr. D. D. Hay.

CEREBRAL PALSY

The arrangements for the ascertainment and care of the children suffering from cerebral palsy, outlined in previous reports, have been continued.

Through the courtesy of the Midland Spastic Association, the following statistics relating to children as at 31st December, 1960, can be given.

UNDER 5 YEARS	
Day Cerebral Palsy School	10
Normal Nursery School	3
Hospital	1
At Home:	
Out-patient treatment	32
No treatment	25
	71
5 TO 15 YEARS	
Day Provision:	
Cerebral Palsy School	35
Physically Handicapped School	76
Deaf School	10
Open-Air School	2
Partially Sighted School	1
E.S.N. School	9
Normal School	91
Home Tuition	3
Occupation Centre	19
Home Training	15
Residential Provision:	
Cerebral Palsy School	2
Physically Handicapped School	2
Open-Air School	3
E.S.N. School	2
Hospital School	3
M.D. Institution	24
At Home:	
Educable — awaiting placement	8
Ineducable	20
	325
OVER 15 YEARS	
Still at schools	15

A large proportion of the pupils at Carlson House are maintained by the Birmingham Education Authority and a school medical officer and a school nurse visit the school regularly.

Mrs. M. Hazelwood, full-time physiotherapist at the Wilson Stuart School, attended a two-week course on "Cerebral Palsy" organised by the Chartered Society of Physiotherapy in London in the autumn.

The British Council for the Welfare of Spastics, ever mindful of the problems relating to this handicap, held a two-day medical conference on the "Management of Cerebral Palsy" in July in Newcastle-upon-Tyne. The programme was sponsored by the Department of Child Health in the University of Durham and Professor S. D. M. Court acted as Chairman. An invitation had been extended to the Principal School Medical Officer to attend the conference which was meeting at the Percy Hedley School and Clinic for Spastic Children, and he was very pleased to accept. There was the further opportunity of meeting members of the staff of the school and seeing something of their work.

A one-day conference, open to all interested in cerebral palsy, also arranged by the Council, was held in December. The needs of two groups of spastics were considered: the care and training of the mentally sub-normal and the problems and prospects of school leavers. The conference was attended by the Chairman, Mrs. Fisher, and the Principal School Medical Officer.

EMPLOYMENT AND AFTER-CARE OF HANDICAPPED CHILDREN

As in previous years officers of the Youth Employment Branch have visited the special schools of the city in order to give vocational guidance and assistance in finding suitable employment to pupils eligible to leave school. In a number of cases subsequent interviews were necessary and these were held at the Youth Employment Offices. The attention of handicapped boys and girls was drawn to the advantages of registration under the Disabled Persons' Act.

During 1960 the employment position was easier than in the previous year with the result that special school leavers were able to find employment with less difficulty. There were, however, as in other years a number of boys and girls, mainly suffering from epilepsy, who found it hard to obtain jobs or to hold them.

An analysis of the Disabled Persons' Register as at 31st December, 1959, and of additions to the Register during 1960 is attached.

DISABLED PERSONS REGISTER

	New Registrations During 1960			*Number on Register at 31.12.59*			*New Registrations During 1959*		
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*	*Boys*	*Girls*	*Total*
SURGICAL:									
Amputation of one or both limbs	2	—	2	1	6	7	2	3	5
Injuries and diseases of trunk or limbs	2	2	4	8	9	17	2	6	8
Spine injuries and diseases (not T.B.)	2	2	4	2	3	5	3	1	4
Tuberculosis — Surgical	1	—	1	4	—	4	4	2	6
MEDICAL:									
Arthritis and Rheumatism	1	2	3	2	—	2	—	1	1
Diseases of Heart and Circulatory System ..	1	—	1	4	2	6	3	1	4
Diseases of Skin, Genito-Urinary and Respiratory System (not T.B.)	—	—	—	5	3	8	4	2	6
Epilepsy	4	6	10	10	8	18	9	5	14
Other Organic Nervous diseases	6	8	14	11	11	22	8	5	13
Tuberculosis — Pulmonary	1	2	3	3	3	6	—	3	3
Diseases of Digestive System	1	—	1	1	—	1	1	1	2
PSYCHIATRIC:									
Imperfect development of the Mind	—	2	2	8	—	8	6	—	6
Other Mental and Nervous disorders	—	—	—	1	—	1	—	1	1
OTHERS:									
Congenital Malformation	—	2	2	10	5	15	5	2	7
Defects of Eyes and Ears	5	6	11	18	17	35	12	12	24
Asthma, Anaemia, etc.	4	4	8	5	7	12	5	5	10
TOTALS ..	30	36	66	93	74	167	64	50	114

SPECIAL SERVICES AFTER-CARE SUB-COMMITTEE

In 1960 the After-Care Sub-Committee continued its dual responsibility for visiting ex-pupils of special schools for educationally sub-normal children and for visiting and arranging for training of children excluded from education in school. Some children are admitted to special training centres (formerly occupation centres) and some have visits from an occupational home teacher. During the year the Mental Health Act 1959 came into force and this Act is now the statutory basis for both the after-care service and the provision of special training centres. In visiting some of the school leavers and in the organisation of special training centres the After-Care Committee continued to act as agents of the Health Committee. The other ex-pupils of special schools are visited on a voluntary basis on behalf of the Education Committee.

Numbers Under Supervision

The total number under supervision during 1960 was 1,612. There were 268 new cases during the year made up from 68 children excluded from school, and 200 school leavers reported for visiting. The Sub-Committee continued their policy of discharging from supervision or transferring to the Health Committee young people between the ages of 18—21 years.

Senior and Junior Special Training Centres

There are seven junior centres for children from 5—15 years, two senior boys' centres and one for senior girls. At the end of the year there were 250 children attending junior centres; and 200 at the senior centres, many of the latter on a part-time basis. There were still unfortunately waiting lists at most of the centres and the premises were the same as in the previous year.

Training at Home

During the year 68 children and young people were visited for an hour or more a week by four occupational home teachers. Some of the children are permanently unable to attend training centres, but the majority will become fit for admission later and await vacancies. The visits help to prepare these children for admission to a centre and the lesson is anticipated with pleasure by both child and parent.

Holidays

During the summer months a party from the senior girls' centre spent a week at a seaside hostel with financial help from the authority. In addition one party of juniors and two groups of senior boys spent a week each at Windmill House, Weatheroak. There is considerable benefit to the children and young people from such holidays, and a welcome break is made possible for their parents.

Visiting

As in previous years home visiting and the giving of advice and help in problems of employment, social adjustment and personal difficulties was carried on by the After-Care Visitors. Unfortunately a vacancy caused by the resignation of one of the five visitors at the end of 1959 remained unfilled throughout the year, giving the others additional numbers to visit. However, every effort was made to keep in touch with the younger people in particular and to maintain friendly contacts with the families.

The After-Care staff are grateful for the co-operation from the Health Department and other departments of the city as well as to the many voluntary associations who were willing to help in the work.

MEDICAL INSPECTION AND TREATMENT

Return for the Year Ended 31st December, 1960

Number of pupils on registers of maintained and assisted Primary and Secondary Schools (including Nursery and Special Schools) in January 1961, as in Forms 7, 7M and 7N Schools 182,802

PART I — MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By Year of Birth)	*Number of Pupils Inspected*	*Physical Condition of Pupils Inspected*			
		SATISFACTORY		UNSATISFACTORY	
		Number	*% of Column 2*	*Number*	*% of Column 2*
(1)	(2)	(3)	(4)	(5)	(6)
1956 and later ..	2,176	2,138	98.25	38	1.75
1955	7,575	7,449	98.32	126	1.68
1954	6,621	6,485	97.94	136	2.06
1953	2,251	2,196	97.55	55	2.45
1952	606	590	97.35	16	2.65
1951	470	453	96.38	17	3.62
1950	4,972	4,920	98.95	52	1.05
1949	10,075	9,907	98.33	168	1.67
1948	3,450	3,396	98.43	54	1.57
1947	528	521	98.67	7	1.33
1946	5,359	5,288	98.67	71	1.33
1945 and earlier ..	11,933	11,728	98.28	205	1.72
TOTAL ..	56,016	55,071	98.31	945	1.69

TABLE B — PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (INCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN)

Age Groups Inspected (By Year of Birth) (1)	*For Defective Vision (Excluding Squint)* (2)	*For any of the Other Conditions Recorded in Part II* (3)	*Total Individual Pupils* (4)
1956 and later	16	557	563
1955	143	1,843	1,926
1954	209	1,730	1,860
1953	110	636	697
1952	38	178	199
1951	53	143	173
1950	639	1,145	1,625
1949	1,298	2,321	3,304
1948	414	790	1,106
1947	86	145	201
1946	798	1,086	1,705
1945 and earlier	2,063	2,499	4,114
TOTAL ..	5,867	13,073	17,473

TABLE C — OTHER INSPECTIONS

Number of Special Inspections	26,074
Number of Re-inspections	24,962
TOTAL	51,036

TABLE D — INFESTATION WITH VERMIN

(*a*)	Total number of examinations of pupils by school nurses or other authorised persons	349,822
(*b*)	Total number of individual pupils found to be infested	16,944
(*c*)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	2,596
(*d*)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	2,208

PART II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR

TABLE A — PERIODIC INSPECTIONS

Defect Code No. (1)	*Defect or Disease* (2)	PERIODIC INSPECTIONS							
		Entrants		*Leavers*		*Others*		*Total*	
		Treatment (3)	*Observation* (4)	*Treatment* (5)	*Observation* (6)	*Treatment* (7)	*Observation* (8)	*Treatment* (9)	*Observation* (10)
4	Skin	496	122	982	147	857	160	2,335	429
5	Eyes —								
	(*a*) Vision	448	301	2,745	368	2,674	610	5,867	1,279
	(*b*) Squint	651	193	214	41	476	102	1,341	336
	(*c*) Other	136	62	91	139	173	186	400	387
6	Ears —								
	(*a*) Hearing	93	268	86	147	115	260	294	675
	(*b*) Otitis Media	156	191	100	81	113	130	369	402
	(*c*) Other	72	108	151	62	110	79	333	249
7	Nose or Throat	1,242	1,431	347	282	644	787	2,233	2,500
8	Speech	186	423	29	42	117	188	332	653
9	Lymphatic Glands	38	180	7	18	7	64	52	262
10	Heart	22	247	30	145	27	199	79	591
11	Lungs	575	489	128	223	318	361	1,021	1,073
12	Developmental —								
	(*a*) Hernia	82	99	17	7	47	42	146	148
	(*b*) Other	84	196	84	125	191	294	359	615
13	Orthopaedic —								
	(*a*) Posture	57	147	235	536	340	576	632	1,259
	(*b*) Feet	483	571	492	484	779	648	1,754	1,703
	(*c*) Other	251	376	184	189	280	314	715	879
14	Nervous System —								
	(*a*) Epilepsy	38	18	42	22	54	27	134	67
	(*b*) Other	35	64	26	33	48	63	109	160
15	Psychological —								
	(*a*) Development	30	127	8	99	43	352	81	578
	(*b*) Stability	178	478	84	231	170	587	432	1,296
16	Abdomen	33	39	20	38	50	76	103	153
17	Other	562	270	633	213	908	337	2,103	820

TABLE B — SPECIAL INSPECTIONS

Defect Code No. (1)	*Defect or Disease* (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	*Requiring Observation* (4)
4	Skin	6,137	125
5	Eyes —		
	(*a*) Vision	1,719	341
	(*b*) Squint	307	42
	(*c*) Other	929	77
6	Ears —		
	(*a*) Hearing	273	101
	(*b*) Otitis Media	458	52
	(*c*) Other	391	47
7	Nose and Throat	1,292	273
8	Speech	323	112
9	Lymphatic Glands	88	33
10	Heart	76	93
11	Lungs	558	241
12	Developmental —		
	(*a*) Hernia	23	19
	(*b*) Other	123	62
13	Orthopaedic —		
	(*a*) Posture	396	97
	(*b*) Feet	811	240
	(*c*) Other	599	163
14	Nervous System —		
	(*a*) Epilepsy	41	11
	(*b*) Other	98	52
15	Psychological —		
	(*a*) Development	95	38
	(*b*) Stability	444	256
16	Abdomen	170	90
17	Other	4,640	486

PART III — TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A — EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of Cases known to have been dealt with
External and other, excluding errors of Refraction and Squint	1,246
Errors of Refraction (including Squint)	6,495
TOTAL	7,741
Number of pupils for whom spectacles were prescribed	12,043

TABLE B — DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of Cases known to have been dealt with
Received operative treatment:	
(*a*) for Diseases of the Ear	296
(*b*) for Adenoids and Chronic Tonsillitis	2,036
(*c*) for other Nose and Throat conditions	262
Received other forms of treatment	3,733
TOTAL	6,327

Total number of pupils who are known to have been provided with hearing aids:	
(*a*) in 1960	50
(*b*) in previous years	332

Table C — Orthopaedic and Postural Defects

(*a*)	Number treated in clinics or out-patient departments	4,997
(*b*)	Number treated at school for Postural Defects	758
	Total	5,755

Table D — Diseases of the Skin
(excluding Uncleanliness, for which see Table D of Part I)

	Number of Cases known to have been treated
Ringworm — Scalp	5
Ringworm — Body	28
Scabies	109
Impetigo	516
Other skin diseases	7,428
Total	8,086

Table E — Child Guidance Treatment

Number of pupils treated in Child Guidance Clinics	668

Table F — Speech Therapy

Number of pupils treated by Speech Therapist	1,501

Table G — Other Treatment Given

(*a*)	Miscellaneous minor ailments	21,544
(*b*)	Pupils who received convalescent treatment	155
(*c*)	Pupils who received B.C.G. vaccination	12,597
(*d*)	Asthma Clinic	386
(*e*)	Ultra-Violet Light treatment	3,819
(*f*)	Chiropody	451

Table H — Dental Inspection and Treatment

(1)	Number of pupils inspected by the Authority's Dental Officers:			
	(*a*) at periodic inspections			139,493
	(*b*) as specials			19,029
	(*c*) Total (periodic and specials)			158,522
(2)	Number found to require treatment			106,400
(3)	Number offered treatment			83,604
(4)	Number actually treated			42,076
(5)	Attendances made by pupils for treatment			79,152
(6)	Half-days devoted to: (*a*) Inspection	584		
	(*b*) Treatment	8,235		
	Total (6)			8,819
(7)	Fillings: Permanent teeth	41,836		
	Temporary teeth	548		
	Total (7)			42,384

(8)	Number of teeth filled: Permanent teeth	35,456	
	Temporary teeth	481	
	TOTAL (8) ..		35,937
(9)	Extractions: Permanent teeth	19,220	
	Temporary teeth	47,483	
	TOTAL (9) ..		66,703
(10)	Administration of general anaesthetics for extraction		27,664
(11)	Orthodontics:		
	(*a*) Cases commenced during the year		238
	(*b*) Cases carried forward from previous year		135
	(*c*) Cases completed during the year		175
	(*d*) Cases discontinued during the year		48
	(*e*) Pupils treated with appliances		671
	(*f*) Removable appliances fitted		381
	(*g*) Fixed appliances fitted		26
	(*h*) Total attendances		4,581
(12)	Number of pupils supplied with artificial dentures		447
(13)	Other operations: Permanent teeth		17,375
	Temporary teeth		1,687
	TOTAL (13) ..		19,062